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REGISTER

RULES
OF GOVERNMENTAL
AGENCIES



Volume 24, Issue 16
April 14, 2000

Pages 6,176 - 6,465

Index Department
Administrative Code Div.
111 East Monroe Street
Springfield, IL 62756
(217) 782-7017
<http://www.sos.state.il.us>



Printed on recycled paper

PUBLISHED BY JESSE WHITE • SECRETARY OF STATE

ILLINOIS REGISTER

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Issue 16 - April 14, 2000: Data Through March 31, 2000
Issue 29 - July 14, 2000: Data Through June 30, 2000
Issue 42 - October 13, 2000: Data Through September 30, 2000
Issue 3 - January 19, 2001: Data Through December 31, 2000 (Annual)

REGISTER PUBLICATION SCHEDULE 2000

Issue #	Copy Due by 4:30 p.m.	Publication Date	Issue #	Copy Due by 4:30 p.m.	Publication Date
Issue 1	December 27, 1999	January 7, 2000	Issue 28	June 26	July 7
Issue 2	January 4, 2000*	January 14	Issue 29	July 3	July 14
Issue 3	January 10	January 21	Issue 30	July 10	July 21
Issue 4	January 18*	January 28	Issue 31	July 17	July 28
Issue 5	January 24	February 4	Issue 32	July 24	August 4
Issue 6	January 31	February 14**	Issue 33	July 31	August 11
Issue 7	February 7	February 18	Issue 34	August 7	August 18
Issue 8	February 14	February 25	Issue 35	August 14	August 25
Issue 9	February 22*	March 3	Issue 36	August 21	September 1
Issue 10	February 28	March 10	Issue 37	August 28	September 8
Issue 11	March 6	March 17	Issue 38	September 5*	September 15
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Issue 13	March 15	March 26	Issue 40	September 18	September 29
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Issue 17	April 10	April 21	Issue 43	October 16	October 27
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Issue 20	May 1	May 12	Issue 46	November 6	November 17
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Issue 22	May 15	May 26	Issue 48	November 20	December 1
Issue 23	May 22	June 2	Issue 49	November 27	December 8
Issue 24	May 30*	June 9	Issue 50	December 4	December 15
Issue 25	June 5	June 16	Issue 51	December 11	December 22
Issue 26	June 12	June 23	Issue 52	December 18	December 29
Issue 27	June 19	June 30	Issue 1	December 26*	January 5, 2001

* Tuesday 12 noon deadline following a state holiday.

** Monday publication date following a state holiday.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Procedures and Requirements for Determining Loan Priorities of Projects in the Public Water Supply Loan Program

- 2) Code Citation: 35 Ill. Adm. Code 663

- 3) Section Numbers:
 663.120 Proposed Action:
 Amendment
 663.140 Amendment
 663.150 Amendment
 663.220 Amendment
 663.230 Amendment
 663.250 Amendment
 663.260 Amendment
 663.270 Amendment

- 4) Statutory Authority: Implementing and authorized by Sections 19.1 through 19.9 of the Environmental Protection Act (415 ILCS 5/19.1 through 19.9).

- 5) A Complete Description of the Subjects and Issues Involved: These amendments establish the requirements for ranking and setting priorities for issuing low interest rate loans to certain categories of privately owned community water supplies. The categories of privately owned community water supplies that can seek low interest loans are investor-owned water utilities regulated by the Illinois Commerce Commission, not-for-profit water corporations and mutually owned or cooperatively owned community water supplies.

- 6) Will the proposed amendment replace an emergency amendment currently in effect? No

- 7) Does this rulemaking contain an automatic repeal date? No

- 8) Does this proposed amendment contain incorporations by reference? No

- 9) Are there any other proposed amendments pending on this Part? No. Part 662, Procedures for Issuing Loans from the Public Water Supply Loan Program, is being considered for amendment and is a related Part.

- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a mandate under Section 3 of the State Mandates Act (30 ILCS 805/3).

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days after the publication of this notice to:

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

Ronald Drainer, Manager
 Infrastructure Financial Assistance Section
 Bureau of Water
 Illinois Environmental Protection Agency
 1021 North Grand Avenue East, P.O. Box 19276
 Springfield IL 62794-9276
 (217) 782-2027

- 12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: These amendments will allow certain privately owned community water supplies to be scored and ranked for consideration in obtaining low interest loans. The amended rules apply to investor-owned water utilities regulated by the Illinois Commerce Commission, not-for-profit water corporations and mutually owned or cooperatively owned community water supplies. The Illinois EPA believes that the rules will benefit these privately owned community water supplies by placing them on a priority list to obtain financial assistance well below the interest rate at which these entities could borrow on the open market. The amendments have no impact on small municipalities.

- B) Reporting, bookkeeping or other procedures required for compliance: These amendments may impose additional reporting and bookkeeping on the entity seeking funding from the loan program.

- C) Types of professional skills necessary for compliance: None

- 13) Regulatory Agenda on which this rulemaking was summarized: This rule was not included on either of the 2 most recent agendas because: The Illinois EPA did not anticipate the need for undertaking the rulemaking.

The full text of the Proposed Amendments begin on the next page.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION
 SUBTITLE F: PUBLIC WATER SUPPLIES
 CHAPTER II: ENVIRONMENTAL PROTECTION AGENCY

PART 663

PROCEDURES AND REQUIREMENTS FOR DETERMINING LOAN
 PRIORITIES OF PROJECTS IN THE PUBLIC WATER SUPPLY LOAN PROGRAM

SUBPART A: INTRODUCTION

Section	Purpose
663.110	Definitions
663.120	Incorporation by Reference
663.130	Priority System and Project Priority List
663.140	Pre-applications
663.150	Project Planning
663.160	

SUBPART B: PROCEDURE FOR CALCULATING THE LOAN PRIORITY INDEX

Section	Formula for Computing the Loan Priority Index
663.210	A1 Factor (Population)
663.220	A2 Factor (Project Need)
663.230	A3 Factor (Financial Hardship)
663.240	A4 Factor (Source Water Protection)
663.250	A5 (Small Community Public Water Systems)
663.260	Scoring Conventions
663.270	Service Continuation Scoring Sheet

APPENDIX A

AUTHORITY: Implementing and authorized by Sections 19.1 through 19.9 of the Environmental Protection Act [415 ILCS 5/19.1 through 19.9].

SOURCE: Emergency rule adopted at 21 Ill. Reg. 10081, effective July 17, 1997, for a maximum of 150 days; emergency expired on December 13, 1997; adopted at 22 Ill. Reg. 3764, effective February 10, 1998; amended at 24 Ill. Reg. _____, effective _____.

SUBPART A: INTRODUCTION

Section 663.120 Definitions

- a) Unless specified otherwise, all terms shall have the meanings set forth in the Environmental Protection Act (415 ILCS 5), the federal Safe Drinking Water Act (42 USC §§-67-300f) and regulations adopted under these Acts, including 35 Ill. Adm. Code: Subtitle F, Part 662.
- b) For purposes of this Part, the following definitions apply:

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"Acute Violation" -- Exceedance of a maximum contaminant level (MCL) or treatment technique requirement for a contaminant that would cause an acute health effect with a sudden onset, sharp rise and short course of illness as provided in the National Primary Drinking Water Rules (40 CFR 141.32).

"Agency" -- Illinois Environmental Protection Agency.

"Chronic Violation" -- Exceedance of an MCL or treatment technique requirement for a contaminant that would cause a health effect of a chronic nature requiring a long exposure to the contaminant before effects occur, as provided in National Primary Drinking Water Regulations (40 CFR 141.32).

"Fund" -- The Water Revolving Fund authorized by 415 ILCS 5/19.3, consisting of the Water Pollution Control Loan Program, the Public Water Supply Loan Program and the Loan Support Program.

"Health Hazard Determinations" -- A Health Hazard Determination exists when concentrations of regulated contaminants, in a water supply, or concentrations of contaminants not otherwise regulated, exceed health effects standards published in U.S. Environmental Protection Agency (USEPA) Health Advisories, or by the Illinois Department of Public Health or by the U. S. Centers for Disease Control or which otherwise pose an immediate threat to public health.

"Intended Use Plan" -- A plan which includes a description of the short and long term goals and objectives of the PWSLP, project categories, terms of financial assistance, communities and populations benefited. [415 ILCS 5/19.2(e)]

"Local Government-Unit" -- A county, municipality, township, municipal or county sewerage or utility authority, sanitary district, public water district, improvement authority or any other political subdivision whose primary purpose is to construct, operate and maintain wastewater treatment facilities or public water supply facilities or both. (415 ILCS 5/19.2(g))

"Maximum Contaminant Level" (MCL) -- The maximum permissible level of a contaminant in water that is delivered to any user of a public water system.

"Monthly Operating Reports" -- Reports submitted monthly by public water supplies that report on the operation of the water supply, including water pumpage, chemical additions, chemical residuals and maintenance.

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"PWSLP" -- The Public Water Supply Loan Program as authorized by 415 ILCS 5/19.1 through 19.9.

"Priority System" -- A methodology used to rank projects for inclusion on the Project Priority List.

"Project Priority List" -- An ordered listing of projects developed in accordance with this Part 663 which the Agency has determined are eligible to receive financial assistance from the PWSLP.

"SDWA" -- The federal Safe Drinking Water Act, 42 USC 691-697-300f.

"Treatment Technique Requirement" -- An enforceable procedure developed by USEPA when it is not economically or technologically feasible to ascertain the level of a contaminant. Public water supplies must follow this procedure and treat their drinking water supplies according to USEPA specifications to ensure the contaminant is controlled.

"Wellhead Protection Program" -- The wellhead protection program for the State of Illinois, approved by the USEPA under Section 1428 of the federal SDWA (42 USC 691-300h-7).

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 663.140 Priority System and Project Priority List

- Financial assistance will be provided from the PWSLP only to projects which are identified on the Project Priority List.
- Projects will be ranked for inclusion on the Project Priority List using the methodology set out in Subpart B of this Part.
- The Agency will provide the list to individual members of the public upon request. All public comments received will be taken into account in establishing the Project Priority List.
- A project with approved project planning may be added to the Project Priority List at any time by the submission of a pre-application form.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 663.150 Pre-applications

- A potential applicant local---government---unit may submit a pre-application form, in accordance with 35 Ill. Adm. Code 662.420, at any time. Copies of the pre-application form and instructions can be

NOTICE OF PROPOSED AMENDMENTS

obtained from the Illinois Environmental Protection Agency, Infrastructure Financial Assistance Section, 1021 North Grand Avenue East, Post Office Box 19276, Springfield, Illinois 62794-9276. The pre-application must provide the reason for the project, the scope of the project, the population to be served by the project, the cost estimate and a schedule for completion of the project.

- An applicant is required to renew its pre-application form annually.
- Pre-application forms applications must be received by March 31 of the preceding fiscal year to be included on the Project Priority List and on the Intended Use Plan.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART B: PROCEDURE FOR CALCULATING THE LOAN PRIORITY INDEX

Section 663.220 A1 Factor (Population)

A1 is a factor which evaluates the existing population that is served by the proposed project. A1 is calculated as log base 10 of the number of persons served by the project, with a maximum value of 5.30 points. The applicant may submit provide the population served figure, which the Agency will be verified during the project planning process verify from its records.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 663.230 A2 Factor (Project Need)

A2 is a factor that evaluates and quantifies eligible drinking water needs associated with a proposed project. The need for the proposed projects will be quantified by using the most appropriate of the following methodologies:

- For projects that meet the Health Hazard Determination criteria set out in Section 663.120, the A2 score will be 100 points.
- For projects that will correct violations of the Safe Drinking Water Act determined through compliance monitoring, points will be awarded based on the seriousness of the violations that make the project necessary. The violations will be quantified from the applicant's Monthly Operating Reports. The values for the violations are as follows:
 - Acute Violation 75 points;
 - Chronic Violation 50 points.

For projects that will prevent future acute or chronic violations and address a need that has been demonstrated by compliance monitoring, Section 663.270 allows for assigning a portion of the acute and chronic violation points for priority scoring purposes.

- For projects that will correct violations of the State's protection of public health rules regarding adequate pressure, transmission, and

ENVIRONMENTAL PROTECTION AGENCY

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storage of drinking water, as contained in 35 Ill. Adm. Code 653 and as determined by the Agency's Field Operations Section, evidenced--by an Agency-issued notice-of-violation, the initial A2 value will be 20 points. This value will be augmented by the points assigned from the Service Continuation Scoring Sheet (Appendix A) based on information contained in the approved project planning report and Agency inspection.

- d) Projects that will extend or provide community drinking water to an area currently served by private wells will receive a score of 15 points, plus a need factor which will be quantified from the percentage of private wells found to be out of compliance with regulations or advisories administered by the Illinois Department of Public Health and which pose a potential threat to public health based on sampling or inspection as determined by the health authority responsible for the area to be served. The percentage of wells, expressed as a decimal, that are unsatisfactory will be multiplied by 10 and the result added to the 15 points to complete the A2 score.
- e) Renovation, repair, reconstruction or replacement of facilities to maintain the safe and adequate water supply capabilities for which they were designed and to enable their continued service will be scored by completion of the Service Continuation Scoring Sheet (Appendix A). The assigned values which will be based on information contained in the approved project planning report and Agency inspection will be used as the A2 factor in the LPI calculation up to a maximum of 20 points.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 663.250 A4 Factor (Source Water Protection)

A4 is a factor that adds points for applicants that have taken specific steps to protect their source water or have incorporated water conservation measures in their approved project planning report. These points will be awarded by the Agency for the program elements as follows:

- a) Community Water Supplies Committees that have incorporated water conservation measures as a cost-effective alternative to additional capacity. 1.0 point
- b) Community Water Supplies Committees that have committed to the Agency to develop source water protection programs through one of the following mechanisms: 0.5 point

- 1) Consent decree or compliance initiative agreement;

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- 2) Federal Safe Drinking Water Act Monitoring Waiver Program as described in 35 Ill. Adm. Code 611.110(e); or

- 3) Written commitment to pursue wellhead protection program.

- c) Community Water Supplies Committees that have delineated their source water protection areas by one of the following mapping techniques: 0.5 point

- 1) For surface water sources: An Agency approved delineation of the watershed boundary;

- 2) For groundwater sources: An Agency approved delineation of the recharge area.

- d) An Agency approved inventory of potential point sources of contamination. 0.5 point

- e) For completion of a contingency plan as described in Sections 1413(a)(5) and 1428(a)(5) of the Federal Safe Drinking Water Act (42 USC 1413-6- 300g and 300h-7). 0.5 point

- f) For development of a Management Program for source water protection as described in the State Source Water Assessment and Protection Guidance prepared by US EPA pursuant to Section 1453 of the Federal Safe Drinking Water Act (42 USC 1453- 300j-13). 1.0 point

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 663.260 A5 Factor (Small Community Public Water Systems)

A5 is a factor that provides a five point bonus to community public water systems serving populations of less than 10,000.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 663.270 Scoring Conventions

- a) For purposes of assigning the A2 factor, projects that are being proposed to meet regulations that have been published in the Federal

ENVIRONMENTAL PROTECTION AGENCY

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Register but have a future effective date will be considered the same as projects to correct violations of regulations that are already in effect.

- b) Projects that are being proposed to prevent future acute or chronic violations predicted by compliance monitoring are eligible for A2 factor points as follows:

- 1) The applicant's compliance monitoring records must show concentrations of the contaminant to be controlled of at least 75% of the acute or chronic violation limit (existing contaminant concentration divided by acute/chronic limit $\times 100 = \%$ violation limit);
- 2) The A2 points for the project will be calculated by multiplying the percentage violation limit by the appropriate acute or chronic A2 points in Section 663.230(b).
- c) For integrally related projects which require construction by more than one applicant ~~local-government-unit~~, each project will proceed at the Loan Priority Index of the component project with the most favorable priority ranking.
- d) Where adequate data is not available to calculate an A1 or A2 factor, a value of 1.0 will be assigned.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Procedures for Issuing Loans from the Public Water Supply Loan Program

- 2) Code Citation: 35 Ill. Adm. Code Part 662

- 3) Section Numbers: Proposed Action:

662.120	Amendment
662.130	Amendment
662.210	Amendment
662.310	Amendment
662.320	Amendment
662.330	Amendment
662.340	Amendment
662.410	Amendment
662.420	Amendment
662.430	Amendment
662.450	Amendment
662.470	Amendment
662.480	New
662.510	Amendment
66.520	Amendment
662.610	Amendment
662.620	Amendment
662.630	Amendment
662.640	Amendment
662.670	Amendment
662.710	Amendment
662.740	Amendment
662.810	Amendment
662.820	Amendment
662.830	Amendment
662.910	Amendment
662.920	Amendment
662.930	Amendment
662.935	New
662.940	Amendment
662.1010	Amendment
662.1030	Amendment
662.1110	New

APP. A, EXHIBIT D

- 4) Statutory Authority: Implementing and authorized by Sections 19.1 through 19.9 of the Environmental Protection Act [415 ILCS 5/19.1 through 19.9].

- 5) A Complete Description of the Subjects and Issues Involved: These amendments establish the requirements for issuing low interest rate loans to certain categories of privately owned community water supplies. The categories of privately owned community water supplies that can seek low

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

interest loans are investor-owned water utilities regulated by the Illinois Commerce Commission, not-for-profit water corporations and mutually owned or cooperatively owned community water supplies.

- 6) Will the proposed rule replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this Part? No. Part 663, Procedures and Requirements for Determining Loan Priorities of Projects in the Public Water Supply Program, is being considered for amendment and is a related Part.
- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a mandate under Section 3 of the State Mandates Act [30 ILCS 805/3].
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted within 45 days after the publication of this notice to:

Ronald Drainer, Manager
Infrastructure Financial Assistance Section
Bureau of Water
Illinois Environmental Protection Agency
1021 North Grand Avenue East, P.O. Box 19276
Springfield, IL 62794-9276
(217) 782-2027

- 12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: These amendments primarily allow certain privately owned community water supplies to obtain low interest loans. The rules apply to investor-owned water utilities regulated by the Illinois Commerce Commission, not-for-profit water corporations and mutually owned or cooperatively owned community water supplies. The Illinois EPA anticipates that the rules will generally benefit these privately owned community water supplies by offering financial assistance well below the interest rate that these entities could borrow on the open market. The amendments have indirect positive impacts on small municipalities.

B) Reporting, bookkeeping or other procedures required for compliance: These amendments may impose additional reporting and bookkeeping on the entity seeking funding from the loan program.

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C) Types of professional skills necessary for compliance: None

- 13) Regulatory Agenda on which this rulemaking was summarized: January 2000

The full text of the Proposed Amendments begin on the next page.

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SUBTITLE F: PUBLIC WATER SUPPLIES		State Environmental Review	
CHAPTER II: ENVIRONMENTAL PROTECTION AGENCY		SUBPART F: REQUIREMENTS APPLICABLE TO SUBAGREEMENTS	
PART 662		Requirements for Subagreements	
PROCEDURES FOR ISSUING LOANS FROM THE PUBLIC WATER SUPPLY LOAN PROGRAM		Construction Contracts	
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Purpose		Compliance with Procurement Requirements for Construction Contracts	
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 EXHIBIT B Executive Order 12138
 EXHIBIT C Executive Order 12549
 EXHIBIT D Executive Order 11246

AUTHORITY: Implementing and authorized by Sections 19.1 through 19.9 of the Illinois Environmental Protection Act (415 ILCS 5/19.1 through 19.9).

SOURCE: Emergency rule adopted at 21 Ill. Reg. 10091, effective July 17, 1997, for a maximum of 150 days; emergency expired on December 13, 1997; adopted at 22 Ill. Reg. 3782, effective February 10, 1998; amended at 24 Ill. Reg. _____, effective _____.

NOTE: In this Part, superscript numbers or letters are denoted by parentheses and subscript are denoted by brackets.

SUBPART A: INTRODUCTION

Section 662.120 Administration

a) The Public Water Supply Loan Program, an interest-bearing special fund, will be administered by the Agency as an instrumentality of the State of Illinois in accordance with the Operating and Capitalization Grant Agreements between the Agency and the USEPA in accordance with State and federal laws.

b) Copies of forms that are required and sample language that can be used to satisfy the requirements of a PWSUP loan application can be obtained from the Illinois Environmental Protection Agency, Infrastructure Financial Assistance Section, 1021 North Grand Avenue East, Post Office Box 19276, Springfield, Illinois 62794-9276.

(Source: Amended at 24 Ill. Reg. _____, effective _____.)

Section 662.130 Definitions

a) Unless specified otherwise, all terms shall have the meanings set forth in the Environmental Protection Act (Act) [415 ILCS 5] and the regulations adopted thereunder.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF PROPOSED AMENDMENTS

- b) For the purposes of this Part, the following definitions apply:

Addenda -- Documents issued by the loan applicant after advertisement for bids, which modify or interpret the contract documents, drawings, and specifications, by additions, deletions, clarifications or corrections.

Agency -- Illinois Environmental Protection Agency.

Billed Customers--The number of customers receiving a bill who are responsible for paying for the proposed improvements.

Binding Commitment -- A legal obligation between the Agency and a local government unit or privately owned community water supply to provide financial assistance from the Public Water Supply Loan Program to that local government unit or privately owned community water supply, specifying the terms and schedules under which assistance is provided. The loan agreement will be considered a binding commitment.

Building Cost -- The cost of erection of construction contract line items. Building costs do not include preliminary planning, engineering, architectural, legal, fiscal, administrative or contingency costs.

Capitalization Grant -- The actual federal funds received by the Agency for deposit into the PWSUP as a result of the capitalization grant agreement with the USEPA.

Capitalization Grant Agreement -- The agreement entered into each federal fiscal year between the Agency and the USEPA for the purpose of providing a grant to capitalize the PWSUP and enable the Agency to provide assistance for construction of public water supply facilities.

Change Order -- A written order by the loan recipient to the contractor authorizing an addition, deletion or revision in the work within the general scope of the contract documents, or authorizing an adjustment in the contract price or contract time.

Construction -- Any one or more of the following which is undertaken for a public purpose: preliminary planning to determine the feasibility of the public water supply facilities; engineering, architectural, legal, fiscal, or economic investigations or studies, surveys, designs, plans, working drawings, specifications or procedures, or other necessary actions, erection, building, acquisition, alteration, remodeling, improvement or extension of public water supply facilities, or the inspection or supervision of any of the foregoing items. [415 ILCS 5/19.2(d)]

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Contract Documents -- The contract, including but not limited to advertisement for bids, information for bidders, bid, bid bond agreement, payment bond, performance bond, notice of award, notice to proceed, change order, drawings, specifications, and addenda.

Dedicated Source of Revenue -- The type of security and the basis of legal authorization which are dedicated by legislative enactment or other appropriate authority along with the applicable revenue source pledged for repayment and recorded in ~~deposited-into~~ an account for ~~restricted-to~~ the purpose of loan repayment to the PWSLP, which is sufficient to repay the principal and interest on the loan.

Design -- All administrative, legal, and engineering tasks, subsequent to project plan approval but prior to advertisement for bid proposal, associated with receiving approval of a loan application. This shall include the following: surveys, designs, plans, working drawings, specifications, soil investigations and any other tests or process determinations required to establish design criteria, and development of user charge systems.

Director -- Director of the Illinois Environmental Protection Agency.

Fixed Loan Rate -- One-half the market interest rate but not less than 2.50%.

Fund -- The Water Revolving Fund authorized by 415 ILCS 5/19.3, consisting of the Water Pollution Control Loan Program, the Public Water Supply Loan Program, and the Loan Support Program.

Health Hazard Determination -- A health hazard determination exists when concentrations of regulated contaminants, in a water supply, or concentrations of contaminants not otherwise regulated, exceed health effects standards published in U.S. Environmental Protection Agency (USEPA) Health Advisories, or by the Illinois Department of Public Health or by the U.S. Centers for Disease Control or which otherwise pose an immediate threat to public health.

Initiation of Loan Repayment Period -- The date in a loan agreement or amendment that establishes the beginning point of the loan repayment period.

Initiation of Operation -- The date specified by the loan agreement on which use of the project began operation for the purposes that it was planned, designed and constructed.

Intended Use Plan -- A plan which includes a description of the short and long term goals and objectives of the PWSLP, project categories, terms of financial assistance, communities and population benefited.

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[415 ILCS 5/19.2(e)]

Interest Rate -- Not less than one-fourth of the market interest rate rounded to the nearest .01%.

Loan Agreement -- The contractual agreement between the Agency and the local government unit or privately owned community water supply which contains the terms and conditions governing the loan issued from the PWSLP.

Loan Applicant -- A local government unit or privately owned community water supply that has applied for a loan from the PWSLP for construction of public water supply facilities.

Loan Commitment Letter -- The letter that is sent by the Agency to the loan applicant which reserves loan funds and identifies the requirements that must be satisfied prior to the execution of the loan agreement.

Loan Procedures -- The procedures for issuing loans from the Public Water Supply Loan Program as set out in this Part 662.

Loan Recipient -- A local government unit or privately owned community water supply which has been provided a loan for construction of public water supply facilities from the PWSLP and which will own and be responsible for the operation and maintenance of the community water supply facility.

Loan Support Rate -- Not more than one-fourth of the market interest rate rounded to the nearest .01%.

Local Government Unit -- A county, municipality, township, municipal or county sewerage or utility authority, sanitary district, public water district, improvement authority or any other political subdivision whose primary purpose is to construct, operate and maintain wastewater treatment facilities or public water supply facilities or both. [415 ILCS 5/19.2(g)]

Market Interest Rate -- The mean interest rate of the 20 General Obligation Bond Buyer Index, from July 1 to June 30 of the preceding State fiscal year rounded to the nearest .01%.

Maximum Contaminant Level (MCL) -- The maximum permissible level of a contaminant in water that is delivered to any user of a public water system.

Operating Agreement -- The agreement between the Agency and USEPA that establishes the policies, procedures and activities for the

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application and receipt of federal capitalization grant funds for capitalization of the PWSLP.

Principal -- All disbursements, including interest and loan support accrued on the disbursements, that will be financed at the time the repayment schedule period begins.

Privately Owned Community Water Supply -- An investor-owned water utility, if under Illinois Commerce Commission regulation and operating as a separate and distinct water utility; a not-for-profit water corporation, if operating specifically as a water utility; and a mutually owned or cooperatively owned community water system, if operating as a separate water utility. [415 ILCS 5/19.2]

Project -- The activities or tasks the Agency identifies in the loan agreement for which the loan recipient may expend loan funds.

Project Priority List -- An ordered listing of projects developed in accordance with the priority system described in 35 Ill. Adm. Code 663: Subpart B (Procedures for Calculating the Loan Priority Index) which the Agency has determined are eligible to receive financial assistance from the PWSLP.

PWSLP -- The Public Water Supply Loan Program as authorized by Section 19.2 of the Environmental Protection Act [415 ILCS 5/19.2].

Responsible Bid -- A bid that demonstrates the apparent ability of the bidder to successfully meet all the requirements specified in the contract documents. Information required to demonstrate responsibility may be corrected or submitted after bid opening.

Responsive Bid -- A bid that complies with all meaningful or material aspects of the contract documents. The bid must constitute a definite and unqualified offer to meet the material requirements of the contract documents including any terms that affect price, quality, quantity or time of delivery, or are clearly identified in the contract documents to be complied with at the risk of bid rejection for non-responsiveness. Bid defects resulting in a non-responsive bid may not be corrected after the bid opening.

SDWA -- The federal Safe Drinking Water Act, as amended (42 U.S.C. 300f).

Source of Revenue -- The revenues of the system, including accounts receivable and the proceeds that are sufficient to repay the principal and interest on the loan.

Subagreement -- A written agreement between the loan recipient and

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another party and any tier of agreement thereunder to furnish services, supplies, or equipment necessary to complete the project for which a loan was provided, including contracts for personal and professional services and purchase orders.

Treatment Technique Requirement -- An enforceable procedure developed by USEPA when it is not economically or technologically feasible to ascertain the level of contaminant. Public water supplies must follow this procedure and treat their drinking water supplies according to USEPA specifications to ensure the contaminant is controlled.

Useful Life -- The estimated period during which a public water supply facility is intended to be operable.

USEPA -- The United States Environmental Protection Agency.

SUBPART B: FEDERAL REQUIREMENTS FOR
THE PUBLIC WATER SUPPLY LOAN PROGRAM

Section 662.210 Uses of the Public Water Supply Loan Program

- a) To accept and retain funds from grant awards, appropriations, transfers and payments of interest and principal;
- b) To make direct loans at or below market interest rates to any eligible local government unit or to any eligible privately owned community water supply to finance the construction of public water supplies;
- c) To buy or refinance debt obligations of a local government unit incurred on or after July 17, 1997;
- d) To guarantee local obligations where such action would improve credit market access or reduce interest rates;
- e) As a source of revenue or security for the payment of principal and interest on revenue or general obligation bonds issued by the State, if the proceeds of such bonds will be deposited in the PWSLP. [415 ILCS 5/19.3(d)]

SUBPART C: LIABILITIES AND REMEDIES FOR FAILURE TO COMPLY WITH LOAN PROCEDURES

Section 662.310 Noncompliance with Loan Procedures

- a) In the event of noncompliance with any condition or obligation arising out of the loan, including any action that would jeopardize or compromise the source of revenue for repayment of the loan or security interest, ~~that occurs before the final audit~~, the Director may take any necessary action as provided by law or by the loan agreement against the loan recipient including, but not limited to, one or more of the following actions:
 - 1) Commence legal action in a court of competent jurisdiction;
 - 2) Declare all amounts under the loan immediately due and payable,

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- enforce any security, and recover all loan funds;
- 3) Terminate the loan pursuant to Section 662.330 (Termination) of this Subpart;
 - 4) Suspend all or part of the project work pursuant to Section 662.320 (Stop-Work Order) of this Subpart; or
 - 5) Reduce the amount of the loan by the amount of misused funds.
- b) No action shall be taken under this Section without notice to ~~the~~ consultation with the loan recipient.
- c) In determining whether to take action the Agency shall, at a minimum, consider mitigating or aggravating factors, including but not limited to the severity and number of the violations; whether the violation is a continuing one; whether the loan recipient can remedy the violation; and whether the loan recipient remains capable of complying with the approved project work.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.320 Stop-Work Order

- a) In the event of any violation of this part 662.320 or non-compliance with the terms of the loan agreement, ~~the~~ the Agency may, ~~for any violation of this part~~, by written order, require the loan recipient to stop all or any part of the project work for a period of not more than 30 days after the date of the order, and for any further period to which the parties may agree. Any such order shall include a list of the project activities to which it applies. Upon receipt of a stop-work order, the loan recipient shall immediately comply with its terms and shall minimize the incurrence of costs allocable to the work covered by the order during the period of work stoppage. Within 30 days after the date of the stop-work order, or within the period of any extension to which the parties have agreed, the Agency shall:
 - 1) Cancel the stop-work order upon resolution of the violation or cause leading to that stop-work order; or
 - 2) Terminate the work covered by the stop-work order as provided in Section 662.330(a) of this Subpart.

- b) If a stop-work order is canceled or the period of the order or any extension thereof expires, the loan recipient shall resume work. An adjustment may be made in the loan period, the project period, the loan amount, or any combination of these, and the loan amended accordingly, if the loan recipient asserts a written claim for such an adjustment within 30 days after the end of the work stoppage.
- c) All costs that are incurred by the loan recipient after the receipt of a stop-work order or during any agreed to extension of the stop-work order period to which the Agency and the loan recipient have agreed, shall be deemed unallowable costs unless otherwise authorized by the Agency in writing or authorized under the loan procedures.

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(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.330 Termination

- a) Loan Termination by the Agency
The Agency, by written notice to ~~and after consultation with~~ the loan recipient, may terminate the loan in whole or in part. Cause for termination shall include, but not be limited to, failure by the loan recipient to comply with the terms and conditions of the loan or ~~to provide adequate funding~~. Upon loan termination, the loan recipient shall refund any unexpended loan funds to the State of Illinois to be deposited in the PWSLP, except for such portion as may be required to pay the allowable costs of materials and equipment furnished or services rendered under an enforceable contract prior to the effective date of the termination.
- b) Project Termination by the Loan Recipient
A loan recipient who wishes to terminate a project for which the loan has been provided must submit a written request to the Agency that documents good cause for the proposed termination. If the Agency agrees that there is good cause for termination of all or any portion of the project, it shall enter into a termination agreement with the recipient or unilaterally terminate the loan. If the Agency finds that the loan recipient has terminated the project without good cause, it shall declare the loan in default, and all loan funds previously paid to the loan recipient, together with interest thereon, shall be returned to the State of Illinois in accordance with a schedule established by the Agency for deposit into the PWSLP. Good cause to terminate a loan project includes, but is not limited to:
 - 1) Changes in economic circumstances within the loan recipient's service area; and
 - 2) Information that the approved treatment technology will not perform as originally anticipated.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.340 Waiver of Procedures

- a) Except as provided in subsection (b) below of this Section or otherwise required by law, the Director may waive any of the loan procedures, either in whole or in part, by a written statement to the loan applicant, either as a special condition of the loan or otherwise, provided the Director finds that the procedure or requirement to be waived is not necessary to insure the integrity of the project, will not reduce an applicant's ability to repay the loan to the Agency or will not, in general, weaken the financial position of the PWSLP. The waiver may be subject to such additional conditions

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the Director deems necessary.

b) The following procedures will not be waived:

- 1) Section 662.410 (Project Priority Determination)
- 2) Section 662.440 (Fixed Loan Rate)
- 3) Section 662.510 (Loan Applicant's Responsibilities During Project Planning)
- 4) Section 662.520 (State Environmental Review)
- 5) Section 662.620(d)(3) (WBE Provisions)
- 6) Section 662.620(d)(4) (NBE/WBE Requirements)
- 7) Section 662.620(d)(5) (Debarment **Debarred** or Suspension **Suspended** Certification) of this Part
- 8) Section 662.630(a)(1) (NBE/WBE Requirements)
- 9) Section 662.630(a)(4) (Debarment **Debarred** or Suspension **Suspended** Certification)
- 10) Section 662.740 (Operation and Maintenance of the Project)
- 11) Section 662.910 (Operation, Maintenance and Replacement Revenue System)
- 12) Section 662.930 (Dedicated Source of Revenue for Units of Local Government)
- 13) Section 662.935 (Source of Revenue and Security for Privately Owned Community Water Supplies)

(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART D: PROCEDURES FOR ISSUANCE OF LOANS

Section 662.410 Project Priority Determination

- a) Financial assistance from the FWSLP will be provided only to local government units or privately owned community water supplies for projects on the Project Priority List developed by the Agency pursuant to 35 Ill. Adm. Code 663.
- b) The Project Priority List sets out the priority for receipt of loans for each loan applicant. Priorities will be established in accordance with 35 Ill. Adm. Code 663 after the receipt by the Agency of loan pre-applications pursuant to Section 662.420 (Pre-Applications for Financial Assistance and Identification of Projects to be Funded) of this Subpart.
- c) Projects included on the Intended Use Plan will be selected from projects on the Project Priority List to be funded in priority order, provided the project is scheduled to initiate construction by March 31 of the subsequent federal fiscal year.

Section 662.420 Pre-Applications for Financial Assistance and Identification of Projects to be Funded

- a) Every loan applicant shall submit to the Agency a signed and dated

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pre-application form that includes at a minimum the following items:

- 1) Legal name of applicant and eligibility status;
 - 2) Address;
 - 3) Authorized representative-name and title;
 - 4) Reason for project;
 - 5) Number of billed customers;
 - 6) Project description;
 - 7) Cost estimate; and
 - 8) Project schedule.
 - 9) **The reason for the proposed project**
 - 10) **A description of the proposed project**
 - 11) **An estimated project cost;**
 - 12) **A proposed schedule for construction; and**
 - 13) **The population to be served by the proposed project.**
- Loan applicants seeking for financial assistance, during any federal fiscal year commencing October 1, must file a new pre-application annually by the preceding March 31 to qualify for possible inclusion in the Intended Use Plan.
- c) A project with approved project planning may be added to the Project Priority List at any time by the submission of a pre-application.
 - d) **The By-duly-in-of-each-year, the Agency shall publish a list of the projects which are proposed for funding during the next federal fiscal year. These projects will be included in the Intended Use Plan.**
 - e) After January 1 of each year, the Agency may bypass projects on the Intended Use Plan that cannot meet the schedule to initiate construction by March 31 of that year. The Agency will evaluate projects in priority order and may offer loan commitments to other projects on the Project Priority List in accordance with Section 662.430 (Financial Assistance Application and Approval) of this Subpart.

Section 662.430 Financial Assistance Application and Approval

- a) In order to issue a loan commitment letter, the Agency must have received the following documents:

- 1) A completed loan application form for financial assistance providing at a minimum the following items:
 - A) Legal name of applicant;
 - B) Address;
 - C) Authorized representative-name and title;
 - D) Cost estimator;
 - E) Amount requested for loan; and
 - F) Verification and signature.
- 2) An approved project plan in accordance with Section 662.510 (Loan Applicant's Responsibilities During Project Planning);
- 3) A Loan Program Certifications form that includes at a minimum the following:
 - A) The loan applicant must agree to pay all project costs not

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covered by the loan.

B) The loan applicant must certify that it has analyzed the costs and the financial impacts of the proposed project, and that it has the financial capability to repay the loan as well as the technical and managerial capacity to maintain compliance with the Safe Drinking Water Act.

C) The loan applicant must certify that no unlawful or corrupt practice has taken place in the planning or design of the proposed project.

D) The loan applicant must certify that it has complied with all applicable State and Federal statutory and regulatory requirements in regard to the proposed project.

E) The loan applicant must certify that it is not barred from being awarded a contract or subcontract under the Illinois Procurement Code [30 ILCS 500].

F) The loan applicant must provide its correct Federal Taxpayer Identification Number and certify that it is authorized to do business in the State of Illinois.

4) A "Certification Regarding Debarment, Suspension, and Other Responsibility Matters" (EPA Form 5700-49) showing compliance with Federal Executive Order 12549 (Appendix A, Exhibit C).

5*) An executed inter-governmental agreement necessary for project implementation, where necessary.

5) Certification of compliance with Federal--Executive--Order--12549 (Appendix A, Exhibit C) regarding debarment, suspension and other responsibility matters;

6) A resolution, or ordinance, or legal document authorizing a representative of the loan applicant to sign loan application documents.

7) A certification Evidence of compliance with the Relocation and Real Property Acquisition Policies Act of 1970 (42 USC 4601) (F-91-646) must be submitted by loan applicants that are local government units.

8) A certification statement that the necessary project site, rights-of-way, easements and permits have been obtained.

9) A resolution statement of intent to comply with the National Flood Insurance Act of 1968 (42 USC 1986; 4001-4127) in accordance with Section 662.940 (Floodplain Insurance).

10) An approved operation, maintenance and replacement revenue system in accordance with Section 662.910 (Operation, Maintenance and Replacement Revenue System).

11) Documentation to support the loan applicant's ability to repay the loan An-enacted--authorized--loan--security--and--approved dedicated source of revenue in accordance with Section 662.930 (Dedicated Source of Revenue For Local Government Units) or Section 662.935 (Source of Revenue and Security For Privately Owned Community Water Supplies).

12) The construction drawings and specifications, suitable for

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bidding purposes.

13) A construction permit application and permit or "authorization to construct" from the Agency, pursuant to the provisions of Sections 14 through 17 or Sections 39 and 40 of the Environmental Protection Act (415 ILCS 5/14 through 17, 39 and 40), whichever is applicable.

14) A project completion schedule.

15) An executed contract for design and construction related work in accordance with Section 662.630 (Contracts for Personal and Professional Services).

16) An EPA Form 4700-4 - Compliance Report, A-compliance-report (ette-Vf-Civil-Rights-Act-of-1964, as amended (F-1-88-352))

17) An enacted ordinance or other legally binding instrument authorizing the bonds, notes, security agreements or other evidence of indebtedness to be delivered to the Agency, and

18) Proof of publication of the ordinance and any notice required by State statute where applicable.

19*) A legal opinion from the loan applicant's recipient's legal counsel with respect to the validity and enforceability of the loan applicant's recipient's obligations and the absence of conflicts with other agreements, notes, bonds or ordinances.

20) Any other executed legal agreements necessary for project implementation.

b) In addition to the items identified in subsection (a) of this Section above, the Agency must have received the following items before it will issue the actual loan agreement:

1) A certified copy of the published bid advertisement;

2) Any addenda issued by the loan applicant, if applicable;

3) A-certification-of-publication;

3*) The bidder's 5% bid bond or cashier's check for not less than 5% of the total bid;

45) The low bidder's certificate of nonsegregated facilities showing compliance with 18 USC 1001;

56) A summary of the evidence that the contractor and engineer have met MBF/WBE requirements of Federal Executive Orders 11625 and 12138 (Appendix A, Exhibits A and B);

63) The submittal of bid tabulations;

7*) An A-letter-from-the-engineering-firm-to-the-applicant-containing the-consistent's analysis of the bids and the-engineer's recommendations for the award of the bids;

89) A copy of the successful bid proposal proposals;

94*) The notice of the applicant's intent to award; and

10) A "Certification Regarding Debarment, Suspension, and Other Responsibility Matters" (EPA Form 5700-49) showing compliance with Federal Executive Order 12549 (Appendix A, Exhibit C) is required from the prime contractor and the engineer; and

11*) A-certification-from-the-prime-contractor-and-engineer-that-they have-not-or-will-not-use-the-services--of--anyone--who--has--been

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~~debarred--or--suspended--under--federal--Executive--Order--12549--for--construction--work--this--certification--is--also--required--for--all--subcontracts--over--\$25,000;~~

- 11) A Certification regarding compliance with Section 33E of the Illinois Criminal Code of 1961 (720 ILCS 5/33E).

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.450 Restrictions on Refinancing

- a) Design costs set forth in Section 662.460 (Limitation on Design Cost) of this Subpart, and bidding costs related to eligible construction contracts incurred prior to the award of the loan agreement, are eligible for refinancing.

- b) Costs under a construction contract executed prior to the award of the loan agreement shall be eligible for refinancing only when the following conditions apply:

- 1) The project is necessary to correct a health hazard determination, or the project is under an enforceable order to correct maximum contaminant level or treatment technique requirement violations, or project costs are associated with drilling and testing wells for source water quantity and quality; and

- 2) The project costs in subsection (b)(1) were incurred and construction was initiated after July 17, 1997; and

- 3) The loan applicant has received written approval from the Agency prior to the award of the construction contract.

- a) No project cost incurred prior to the execution of the loan agreement shall be eligible for loan assistance except:

- 1) Design costs set forth in Section 662.460 (Limitation on Design Cost); and

- 2) Project costs where the local obligations were incurred and construction was initiated after July 17, 1997 to eliminate a health hazard as defined in 95 Ill. Adm. Code 663.

- b) Notwithstanding subsection (a)(2) above, no costs incurred under a construction contract awarded more than 90 days after the effective date of this Part 662 shall be eligible for loan refinancing unless the Agency has granted written approval prior to the contract award.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.470 Limitation on Loan Amount

The annual loan amount available to a loan recipient cannot exceed the lesser of 910 million or 25% of monies available for loans, unless the amount required

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for projects with approvable loan applications is less than the available funds for that fiscal year.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.480 Loans to Privately Owned Community Water Supplies

Loans to privately owned community water supplies as defined in Section 662.110 (Definitions) of this Part, shall be limited as follows:

- a) For 2 years from the effective date of this Section, only eligible privately owned community water supplies with 1,000 billed customers or greater can receive a loan from the Public Water Supply Loan Program.

- b) After 2 years from the effective date of this Section, only eligible privately owned community water supplies with 500 billed customers or greater can receive a loan from the Public Water Supply Loan Program.

- c) After 5 years from the effective date of this Section, only eligible privately owned community water supplies with 100 billed customers or greater can receive a loan from the Public Water Supply Loan Program.

(Source: Added at 24 Ill. Reg. _____, effective _____)

SUBPART E: PROJECT PLANNING REQUIREMENTS FOR LOAN PROJECTS**Section 662.510 Loan Applicant's Responsibilities During Project Planning**

- a) The loan applicant shall:

- 1) Undertake and complete project planning, which shall consist of plans and studies that are directly related to the construction of public water supply facilities, to maintain compliance with Applicable State and Federal requirements as specified in 35 Ill. Adm. Code Subtitle F and the Federal Safe Drinking Water Act;

- 2) Demonstrate to the Agency through its plans and studies the need for the facilities for which loan assistance is being requested; and

- 3) Demonstrate by a systematic evaluation of feasible alternatives that the proposed facilities represent the cost-effective means of meeting applicable drinking water standards and goals, recognizing environmental and social conditions as set forth below.

- b) If any information required to be furnished as part of a project plan has been developed separately, it shall be furnished and incorporated by reference into the project plan. Planning previously or collaterally accomplished under local, State or Federal programs may be utilized to the extent applicable.

- c) The project plan shall be submitted to the Agency for approval. Where

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applicable, the applicant shall also submit drafts of any legally enforceable inter-governmental agreements or demonstrations of legal authority necessary to plan implementation.

- d) The project plan may include more than one construction project and may provide the basis for several subsequent projects. The Agency shall review any project plan that has previously served as the basis for a loan, to determine if changes have occurred that require amendment of the plan for the subsequent project. If substantial changes have occurred that warrant revision or amendment of the plan as specified in Section 662.520 of this Subpart, the loan applicant shall revise or amend and resubmit it for Agency approval in accordance with Section 662.520(a) and (b).

e) A project plan shall include the following elements in sufficient detail to, at minimum, comply with all applicable construction permit supporting data requirements of 35 Ill. Adm. Code 652.104:

- 1) A complete description of the public water supply system of which the proposed project is a part, identification of any existing violations of Federal or State public water supply regulations, and identification of the needs to be addressed by the proposed project.
- 2) A discussion of the technical, financial, and managerial considerations that form the basis for the applicant's selection of the cost-effective project from the range of alternatives available and considered. When appropriate to the project scope, the following issues must be addressed:
 - A) The relationship of the nature, size and capacity of each alternative to the needs to be served, including reserve capacity;
 - B) A discussion of the operational requirements of each alternative and provisions for disposal of waste by-products in accordance with State requirements;
 - C) An assessment of the capability of each alternative to maintain compliance with drinking water standards;
 - D) An inventory of the relative environmental impacts of each alternative and a discussion of the measures that would be required during design and construction to mitigate or minimize negative environmental impacts;
 - E) Adequate basis of design information for each alternative to confirm the reasonability of cost estimates;
 - F) A comparison of costs for each alternative, including both capital and operational costs over the design life of the facilities.
- 3) A detailed description of the alternative selected for loan assistance, including preliminary engineering data, complete cost estimates for design and building, and a projected schedule for completion. The engineering data shall include, to the extent appropriate, flow diagrams, unit process descriptions, detention times, flow rates, unit capacities, etc., sufficient to

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demonstrate the project proposed will be designed in accordance with 35 Ill. Adm. Code 651 through 654.

- 4) Any required comments or approvals from relevant federal, State, interstate, regional or local agencies, including, at a minimum, comments from the Illinois Historic Preservation Agency and the Illinois Department of Natural Resources State-Clearinghouse-Case 20-15E5-685/46-371.

- 5) An implementation plan for the proposed recommendations, including necessary financial arrangements for operating the facility and repayment of the proposed loan amount, as well as the impact of these costs on the system users.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.520 State Environmental Review

- a) Prior to making a final determination on the acceptability of any project plan, the Agency shall undertake an environmental review. The Agency may categorically exclude certain classes of projects from environmental review when, by virtue of their limited scope, the projects have no potential for negative environmental impacts.
- b) The Agency shall not begin its environmental review until it has determined that the project plan conforms to the requirements of Section 662.510 (Loan Applicant's Responsibilities During Project Planning) of this Subpart, and that, based on the information available, all reasonable measures have been taken in the planning to avoid and mitigate negative environmental impacts.
- c) The scope of the Agency's environmental review shall include, but not be limited to, an assessment of the impacts of both the loan funded project and the overall planning on rare and endangered species, historic and cultural resources, prime agricultural land, air and water quality, recreational areas, wetlands, floodplains and other sensitive environmental areas. The review shall also assess the direct and indirect impacts of construction on the loan-applicant.
- d) For all projects requiring an environmental review, the Agency will assess the environmental impacts of the proposed project and prepare a written Preliminary Environmental Impacts Determination (PEID). The public will be given an opportunity to comment on the project plan and the Agency's environmental impacts assessment.
- e) The PEID shall be mailed to the loan applicant and other interested parties, inviting public comment. Within 60 days after receipt of the Agency's preliminary determination, the loan applicant shall hold a public hearing on the plan and the Agency's PEID for the purpose of obtaining public comment. The loan applicant shall allow an additional 15 days from the date of the public hearing for the submission of public written comments from the public.
- f) The time and place of the public hearing shall be conspicuously and

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adequately announced at least 10 days before the hearing. In addition, the Agency's PEID document shall be displayed at a convenient local site sufficiently prior to the hearing to obtain a level of public participation appropriate to the scope and impacts of the proposed project.

g) The loan applicant shall provide written notice of the public hearing to interested local, State and federal agencies, State and regional clearinghouses, citizen groups and local public officials.

h) The loan applicant shall provide the Agency with an accurate summary of all public comments received, together with any proposed amendments to the plan made in response to these comments.

i) Upon receipt of this public hearing summary and after the expiration of the 15 day written comment period, the Agency shall issue ~~take-the~~ following action:

1) An unconditional approval of the plan (original or as amended); or

2) A conditional approval of the plan with special conditions; or

3) A disapproval of the plan based on evidence of significant negative environmental impacts for which appropriate mitigative measures have not been identified; or

4) A determination of the need for an Environmental Impact Statement (EIS) under the National Environmental Policy Act (42 USC 9-9-6-4332). The Agency may change its disapproval to approval or conditional approval based on the recommendations of the EIS.

j) For projects categorically excluded from the environmental review process, the Agency shall provide to the applicant a Notice of Intent to issue a Categorical Exclusion. The applicant shall publish the Notice in a newspaper of local record, and allow 15 days for public comment. If no valid objection is raised to the Categorical Exclusion, the Agency shall issue an unconditional approval of the project plan. Should valid concerns be raised over potential environmental impacts, the Agency shall proceed with an environmental review under this Section 662.620 or issue a conditional approval where the applicant incorporates mitigative measures that would clearly resolve the environmental concerns.

k) Agency approval of a project plan shall be valid for purposes of loan funding for a period of 5 ~~five~~ years, after which time the plan must be updated and resubmitted to the Agency for review and approval. The Agency shall prepare a revised environmental review and provide an opportunity for public comment.

1) At any time within 5 ~~five~~ years from the date of project plan approval, the Agency may rescind its approval and require the planning to be amended, if there are changes to the scope of proposed construction or significant alterations to planning area conditions or underlying assumptions that might alter the previous conclusions regarding environmental impacts or cost-effectiveness. For projects where the amended planning would result in substantial changes in environmental or economic impacts, the Agency may require public

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comment prior to granting approval of the amended plan.

m) Additions to the project scope or changes to the location of proposed construction activity shall require an amendment to the approved project plan. Where the Agency determines that the proposed changes will not alter the previous environmental impacts findings, it will approve planning amendments by letter. In other cases, additional environmental review and public comment may be required.

n) Agency project planning determinations made in accordance with subsection (i) above shall be subject to the provisions of the Illinois Administrative Procedure Act [5 ILCS 100].

(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART F: REQUIREMENTS APPLICABLE TO SUBAGREEMENTS

Section 662.610 Requirements for Subagreements

The following procedures shall apply to subagreements:

a) Local Preference
Local laws, ordinances, regulations or procedures that are designed to operate to give local or in-state bidders or proposers preference over other bidders or proposers shall not be used in evaluating bids or proposals for subagreements under PWSLP loans.

b) Profits
Only fair and reasonable profits may be earned by contractors in subagreements under PWSLP loans. Profit included in a formally advertised, competitively bid, fixed price construction contract awarded pursuant to Section 662.620 (Construction Contracts) of this Subpart is presumed to be reasonable. If a subagreement is not competitively bid, the loan recipient shall submit to the Agency its basis for determination of reasonable profit.

c) Loan Recipient Responsibility
The loan recipient shall be responsible for the administration and successful accomplishment of the project for which PWSLP loan assistance is provided. The loan recipient shall be responsible for the settlement and satisfaction of all contractual and administrative issues arising out of subagreements, including, but not limited to, issuance of invitations for bids or requests for proposals, selection of contractors, award of contracts, protests of award, claims, disputes, and other procurement matters. With the prior written consent of the Agency, these functions may be performed for the loan recipient by an individual or firm retained for that purpose. Such an individual or firm shall be deemed the loan recipient's agent, and shall be subject to all the provisions of the loan agreement, including this Part 662, that apply to the loan recipient.

d) Privilege of Contract
Neither the Agency nor the State of Illinois shall be a party to any

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subagreement (including contracts or subcontracts), or to any solicitation or request for proposals thereunder.

- e) Subagreements shall:
 - 1) Be directly related to the accomplishment of the loan recipient's approved work program;
 - 2) Be in the form of an executed written agreement (except for small purchases of \$25,000 or less);
 - 3) Be for monetary or in-kind consideration; and
 - 4) Not be in the nature of a grant or gift.

f) Documentation

- 1) Procurement records and files for purchases in excess of \$25,000 shall include the following:
 - A) The basis for contractor selection;
 - B) The justification for lack of competition if competition appropriate to the type of project work to be performed is required but not obtained; and
 - C) The basis for award cost or price.
- 2) Procurement documentation as described in subsection (f)(1) above shall be retained by the loan recipient or contractor(s) for the period required by Section 662.820 (Audit and Records) of this Part.

g) Subagreements shall only be awarded to persons or organizations that:

- 1) Have adequate financial resources for performance;
- 2) Have the necessary experience, organization, technical qualifications, and facilities, or a firm commitment, arrangement, or ability to obtain these requirements;
- 3) Have the staffing sufficient to comply with the proposed or required completion schedule for the project;
- 4) Have a satisfactory record of integrity, judgment and performance;
- 5) Have an adequate financial management system and audit procedure which is consistent with generally accepted accounting standards in accordance with the American Institute of Certified Public Accountants Professional Standards;
- 6) Maintain a standard of procurement in accordance with this Part 662;
- 7) Maintain a property management system which provides adequate procedures for the acquisition, maintenance, safeguarding and disposition of all property; and
- 8) Conform to the civil rights, equal employment opportunity (Appendix A, Exhibit D) and labor law requirements of this Part 662.

h) Fraud and Other Unlawful or Corrupt Practices

- 1) The obtaining and administration of loans from the FMSIP, and of subagreements awarded by loan recipients, shall be free from bribery, graft, kickbacks, and other corrupt practices. The loan recipient shall bear the primary responsibility for prevention and detection of such conduct and for cooperation with

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- 2) appropriate authorities in the prosecution of any such conduct. The loan recipient shall effectively pursue available State or local legal and administrative remedies, and take appropriate remedial action with respect to any allegations or evidence of illegality or corrupt practices that are brought to its attention. The loan recipient shall advise the Agency immediately when any such allegation or evidence comes to its attention, and shall periodically advise the Agency of the status and ultimate disposition of any matter.

i) Negotiation of Subagreements

All subagreements shall be awarded by formal advertising unless the loan recipient determines, and the Agency concurs, that it is impracticable and infeasible to use formal advertising. Negotiated contracts must be competitively awarded to the maximum practicable extent. Procurements may be negotiated by the loan recipient, if approved by the Agency, for the following reasons:

- 1) Public exigency, as evidenced by governmental declaration, will not permit the delay incident to advertising (e.g., an emergency procurement); or
- 2) The aggregate amount of the contract to be competitively negotiated is allowed by State law for units of local government or does not exceed \$25,000 for privately owned community water supplies ~~involved does not exceed \$4,000~~; or
- 3) The materials or services to be procured are available from only one person or firm; or
- 4) The procurement is for personal or professional services, or for any services to be rendered by an educational institution; or
- 5) No responsive, responsible bids at acceptable price levels have been received after formal advertising; or
- 6) The procurement is for material or services where the prices are established by law; for technical items or equipment requiring standardization and interchangeability of parts with existing equipment; for experimental, developmental or research work; for highly perishable materials; for resale; or for technical or specialized supplies requiring substantial initial investment for manufacture.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.620 Construction Contracts

The following procedures shall apply to construction contracts (subagreements) awarded by loan recipients for the construction phase only. They shall not apply to personal and professional service contracts.

- a) The contract documents to be submitted to the Agency shall require a bid bond or cashier's check for not less than 5% of the bid amount, executed contract, performance and payment bonds for the bid amount,

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certificate of insurance with loan recipient added as additional insured and the notice to proceed. **Contract documents shall include bid, performance and payment bonds.**

b) Each contract shall be awarded after formal advertising, unless negotiation is permitted under Section 662-610(i) (Negotiation of Subagreements) of this Subpart. Formal advertising shall be in accordance with the following:

- 1) Evidence of advertising
- The loan recipient shall submit to the Agency a certified copy of the bid advertisement which notifies the bidders that the procurement will be subject to regulations contained in the Procedures for issuing loans from the FWSLP as set out in this Part. 667, the Act regulating wages in Illinois [820 ILCS 1301.2]. The Employment of Illinois Workers on Public Works Act [30 ILCS 570J], and Executive Order No. 11246, as amended (Appendix A, Exhibit D).

2) Adequate bidding documents

Bidding documents (invitations for bid) shall be made available by the loan recipient and shall be furnished upon request in a timely manner. A complete set of bidding documents shall be maintained by the loan recipient and shall be available for inspection and copying by any party. The bidding documents shall include:

- A) A complete statement of the work to be performed, including necessary drawings and specifications, and the required completion schedule. (Drawings and specifications may be made available for inspection instead of being furnished.)
- B) The terms and conditions of the contract to be awarded;
- C) A clear explanation of the method of bidding, the method of evaluation of bid prices, and the basis and method for award of the contract;
- D) The statement that any contract awarded in response to the bid is expected to be funded in part by a loan from the FWSLP, and that neither the State of Illinois nor any of its departments, agencies or employees is or will be a party to this bidding or any resulting contract;
- E) Responsibility requirements or criteria that will be used in evaluating bidders, provided that an experience requirement or performance bond may not be used unless adequately justified by the loan applicant recipient;
- F) A copy of subsections (b)(1)(G) and (H) below shall be included in the proposal form to be used by bidders and shall constitute a representation and certification to be considered as a part of their bid;
- G) By submission of the bid each bidder certifies, and in the case of a joint bid each party thereto certifies as to his or her own organization, that in connection with the bid:
 - i) The prices in the bid have been arrived at

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independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to the prices with any other bidder or with any competitor;

ii) Unless otherwise required by law, the prices quoted in the bid have not knowingly been ~~y--prior-to-opening~~ directly or indirectly disclosed to any other bidder or to any competitor prior to opening; and

- iii) No attempt has been made or will be made by the bidder to induce any other person or firm to submit or withhold a bid for the purpose of restricting competition. Also, each bidder shall submit a certification regarding compliance with Article 33E of the Illinois Criminal Code of 1961 [720 ILCS 5/33E].

H) Each person signing the bid shall certify that:

- i) He or she is the person in the bidder's organization responsible for the decision as to the prices being bid and that he or she has not participated, and will not participate, in any action contrary to subsection (b)(1)(G) above; or
- ii) He or she is not the person in the bidder's organization responsible for the decision as to the prices being bid, but that he or she has been authorized to act as agent certifying that such persons have not participated, and will not participate, in any action contrary to subsection (b)(1)(G) above, and as their agent shall so certify. He or she shall also certify that he or she has not participated, and will not participate, in any action contrary to subsection (b)(1)(G) above.

3) Addenda to bidding documents

If the loan applicant recipient wishes to amend any part of the bidding documents (including drawings and specifications) during the period when bids are being prepared, it shall send written addenda to all firms who have obtained bidding documents, in time to be considered prior to the bid opening time. When appropriate, the period for submission of bids shall be extended. All addenda to the bidding documents should be submitted to the Agency for approval prior to the bid opening.

4) Award to the low, responsive, responsible bidder

- A) After bids are opened, they shall be evaluated by the loan applicant recipient in accordance with the methods and criteria set out in the bidding documents. Items that shall be submitted to the Agency include a bid tabulation, the loan applicant's or its agent's analysis of bids and recommendation for the award and the loan applicant's letter of intent to award or the official minutes of board approval.

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B) The loan applicant **recipient** may reserve the right to reject all bids if it has documented sound business reasons. Unless all bids are rejected, award shall be made to the low, responsive, responsible bidder after the bid evaluation has been submitted to the Agency and written notice of Agency approval has been received by the loan applicant **recipient**.

C) If the award is intended to be made to a firm which did not submit the lowest bid, prior to any award, the loan applicant **recipient** shall submit to the Agency a written statement, explaining why each lower bidder was deemed not responsive or not responsible.

c) Negotiations of Contract Amendments (Change Orders)

1) The loan recipient shall be responsible for negotiation of construction contract change orders. This function may be performed by the loan recipient directly or, if authorized, by its consulting engineer. During negotiations the loan recipient shall:

- A) Make sure that the contractor has a clear understanding of the scope and extent of work and other essential requirements;
 - B) Assume that the contractor demonstrates that he or she will make available or will obtain the necessary personnel, equipment and materials to accomplish the work within the required time; and
 - C) Maintain a summary of all negotiations and the engineer's independent cost estimate.
- 2) Changes in contract price or time
- The contract price or time may be changed only by a change order. When negotiations are required, they shall be conducted in accordance with subsection (c) of this Section.
- 3) For each change order the contractor shall submit to the loan recipient for review sufficient cost and pricing data to enable the loan recipient to ascertain the necessity and reasonableness of costs and amounts proposed, and the allowability and eligibility of costs proposed.
- 4) Agency review
- For each change order, the loan recipient shall submit to the Agency for approval the following documentation:
- A) A description of the changed work;
 - B) The contractor's proposal itemizing the cost and time to complete the changed work;
 - C) The recipient's or engineer's estimate of the cost and time to complete the changes;
 - D) Two copies of the executed change order with justification including, but not limited to, the need for the proposed work and the technical solution; and

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E) The summary of negotiations and resolution between the engineer's independent cost estimate and the contractor's proposal.

d) Required Construction Contract Provisions

Each construction contract shall include the following provisions:

- 1) Audit; access to records
- A) The contractor shall maintain books, records, documents and other evidence directly pertinent to performance on loan work consistent with generally accepted accounting standards in accordance with the American Institute of Certified Public Accountants Professional Standards. The contractor shall also maintain the financial information and data used by the contractor in the preparation or support of any cost submissions required under subsection (c) above, (Negotiation of Contract Amendments (Change Orders)) and a copy of the cost summary submitted to the owner. The Illinois Auditor General, the owner, the Agency, or any of their authorized representatives shall have access to the books, records, documents, and other evidence for purposes of inspection, audit, and copying. The contractor shall provide facilities for access and inspection.
- B) For a formally advertised, competitively awarded, fixed price contract, the contractor shall include access to records as specified in subsection (d)(1)(A) above for all negotiated change orders and contract amendments in excess of \$25,000 that affect the contract price. In the case of all other prime contracts, the contractor shall agree to include access to records as specified above in all his or her contracts and all tier subcontracts or change orders in excess of \$25,000 that are directly related to project performance.
- C) Audits shall be consistent with generally accepted auditing standards in accordance with the American Institute of Certified Public Accountants Professional Standards.
- D) The contractor shall agree to the disclosure of all information and reports resulting from access to records pursuant to subsection (d)(1)(A) above. Where the audit concerns the contractor, the auditing agency shall afford the contractor an opportunity for an audit exit conference and an opportunity to comment on the pertinent portions of the draft audit report. The final audit report shall include the written comments, if any, of the audited parties.
- E) The records required by subsection (d)(1)(A) above shall be maintained and made available during performance of the work under the loan agreement and for 3 **three** years after the date of final loan audit. In addition, records that relate to any dispute or litigation or the settlement of claims

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arising out of any performance, costs or items to which an audit exception has been taken, shall be maintained and made available for 3 **three** years after resolution of such dispute, appeal, litigation, claim, or exception.

F) The right of access will generally be exercised with respect to financial records under:

- i) Negotiated prime contracts **contractors**;
 - ii) Negotiated change orders or contract amendments in excess of \$25,000 affecting the price of any formally advertised, competitively awarded, fixed price contract; and
 - iii) Subcontracts or purchase orders under any contract other than a formally advertised, competitively awarded, fixed price contract.
- G) The right of access will generally not be exercised with respect to a prime contract, subcontract, or purchase order awarded after effective price competition. In any event, the right of access shall be exercised under any type of contract or subcontract:
- i) With respect to records pertaining directly to contract performance, excluding any financial records of the contractor; and
 - ii) If there is any indication that fraud, gross abuse, or corrupt practices may be involved in the award or performance of the contract or subcontract.

2) Covenant against contingent fees

The contractor shall warrant that no person or selling agency has been employed or retained to solicit or secure the contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee. For breach or violation of this warranty, the owner shall have the right to annul the contract without liability or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

3) Wage provisions

The contractor shall pay prevailing wages in accordance with the Illinois Prevailing Wage Act (820 ILCS 130).

4) MBE/WBE requirements

The contractor shall provide evidence, including but not limited to a copy of the advertisement(s) and the record of negotiation that it has taken affirmative steps in accordance with federal Executive Orders 11625 and 12138 (Appendix A, Exhibits A and B), to assure that small, minority and women's businesses are used when possible as sources of supplies, equipment, construction services consistent with the provisions of the Agency's Operating Agreement with USEPA.

5) Debarment or suspension provisions

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The contract shall require the successful bidder(s) to submit a "Certification Regarding Debarment, Suspension and Other Responsibility Matters" (EPA Form 5700-49) showing compliance with Federal Executive Order 12549 (Appendix A, Exhibit C) **certification--of-compliance--with-federal-Executive-Order-12549** **Appendix-A-Exhibit-C--regarding-debarment-suspension-and-other-responsibility-matters.**

6) Nonsegregated facilities provisions

The successful bidder shall be required to submit a certification of nonsegregated facilities as prescribed in 18 USC 1001.

e) Subcontracts under Construction Contracts

The award or execution of all subcontracts by a prime contractor and the procurement and negotiation procedures used by the prime contractor shall comply with the following:

- 1) All applicable provisions of federal, State and local law;
- 2) All provisions of this Part 662 regarding fraud and other unlawful or corrupt practices;
- 3) All provisions of this Part 662 with respect to access to facilities, records and audit of records.
- 4) All provisions of subsection (d)(5) that require a "Certification Regarding Debarment, Suspension and Other Responsibility Matters" (EPA Form 5700-49) showing compliance with federal Executive Order 12549 (Appendix A, Exhibit C). **Subsection-(d)(5)--above-requires-a-certification--of-compliance-with-federal-Executive-Order-12549--regarding--debarment--suspension--and--other-responsibility-matters.**

f) Contractor Bankruptcy

In the event of a contractor bankruptcy, the loan recipient shall notify the Agency and shall keep the Agency advised of any negotiations with the bonding company, including any proposed settlement. The Agency may participate in those negotiations and will advise the loan recipient of the impact of any proposed settlement to the loan agreement. The loan recipient shall be responsible for assuring that every appropriate procedure and incidental legal requirement is observed in advertising for bids and re-awarding a construction contract.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.630 Contracts for Personal and Professional Services

All subagreements for personal and professional services for design or construction expected to exceed \$25,000 in the aggregate shall include the following subagreement provisions:

a) Subagreements for personal and professional construction services shall include:

- 1) Evidence, such as, but not limited to, a copy of the

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advertisement(s) and the record of negotiation in accordance with federal Executive Orders 11625 and 12138 (Appendix A, Exhibits A and B), that affirmative steps have been taken to assure that small, minority and women's businesses are used when possible as sources of supplies, equipment, construction, and services consistent with the provisions of the Agency's Operating Agreement with USEPA:

- 2) An audit and access to records clause that provides as follows:
 - A) Subsections (a)(2)(B) through (E) below shall be included in all contracts and all subcontracts directly related to project services that are in excess of \$25,000.
 - B) Books, records, documents and other evidence directly pertinent to performance of PWSIP loan work under this agreement shall be maintained consistent with generally accepted accounting standards in accordance with the American Institute of Certified Public Accountants Professional Standards. The Agency or any of its authorized representatives shall have access to the books, records, documents and other evidence for the purpose of inspection, audit and copying. Facilities shall be provided for access and inspection.
 - C) Audits conducted pursuant to this provision shall be in accordance with generally accepted auditing standards.
 - D) All information and reports resulting from access to records pursuant to subsection (a)(2)(B) above shall be disclosed to the Agency. The auditing agency shall afford the engineer an opportunity for an audit exit conference and an opportunity to comment on the pertinent portions of the draft audit report. The final audit report shall include the written comments, if any, of the audited parties.
 - E) Records under subsection (a)(2)(B) above shall be maintained and made available during performance of project services under this agreement and for three years after the final loan closing. In addition, those records that relate to any dispute pursuant to Section 662.650 (Disputes) of this Subpart or litigation or the settlement of claims arising out of project performance or costs or items to which an audit exception has been taken, shall be maintained and made available for three years after the resolution of the appeal, litigation, claim or exception:
- 3) A "covenant against contingent fees" clause as follows:

"The professional services contractor warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bonafide employees. For breach or violation of this warranty, the loan recipient shall have the right to annul this agreement without liability or in its discretion to deduct from the

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- contract price or consideration or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee";
- 4) A "Certification Regarding Debarment, Suspension, and Other Responsibility Matters" (BPA Form 5700-49) showing compliance with federal Executive Order 12549 (Appendix A, Exhibit CII A certification of compliance with federal Executive Order 12549 (Appendix A-Exhibit-C), regarding debarment, suspension and other responsibility matters;
 - 5) A description of the scope and extent of the project work;
 - 6) The schedule for performance and completion of the contract work including, where appropriate, dates for completion of significant project tasks; and
 - 7) A method of compensation.
- b) Subagreements for personal and professional design services shall include the subagreement provisions contained in subsections (a)(2) through (a)(4) above. In addition, the subagreements shall be accompanied by a statement regarding the use of small, minority and women's business during the design service phase.
- c) If, at the time of contract execution, any of the elements required in this Section 662.630 cannot be defined adequately for later tasks, those tasks shall not be included in the contract at that time.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.640 Compliance with Procurement Requirements for Construction Contracts

- a) Loan Recipient Responsibility

The loan recipient shall be responsible for selecting the low, responsive, and responsible bidder or other contractor in accordance with applicable requirements of State, federal, and local laws and ordinances, as well as for the specific requirements of the loan agreement directly affecting procurement. The loan recipient shall also be responsible for the initial resolution of complaints based upon alleged violations. Any complaints made to the Agency concerning any alleged violation of law in the procurement of construction services or materials for a project involving construction work will be referred to the loan recipient for resolution. The loan recipient shall promptly determine each complaint on its merits, and shall allow the complainant and any other party who may be adversely affected to state in writing or at a conference the basis for their views concerning the proposed procurement. The loan recipient shall promptly furnish to the complainant and to other affected parties, by certified mail, a written summary of its determination, substantiated by an engineering or legal opinion providing a justification for its determination.

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b) Time Limitations

Complaints should be made as early as possible during the procurement process, preferably prior to the bid opening, to avoid disruption of the procurement process. The complaint shall be mailed (certified mail, return receipt requested), or otherwise delivered, no later than 5 five working days after the complainant becomes aware of an alleged violation. If there is no agreement between the parties within 7 seven days following the loan applicant's response, unless all bids are rejected, the matter shall be resolved in accordance with subsection (c) below.

c) Remedies

All claims, counter-claims, disputes and other matters in question between the recipient and the contractor arising out of, or relating to, a subagreement or its breach shall be decided by arbitration if the parties agree, or in a court of competent jurisdiction within the State.

d) Deferral of Procurement Action

If the determination of a complaint by the loan recipient is adverse to the complainant, the loan recipient shall defer issuance of its solicitation or award or notice to proceed under the contract (as appropriate) for 7 seven days after mailing or delivery of the determination. If the determination (whether made by the loan recipient, the arbitrator or the court) is favorable to the complainant, the terms of the solicitation shall be revised or the contract shall be awarded, as appropriate, in accordance with the determination.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.670 Covenant Against Contingent Fees

The loan recipient shall warrant that no person or agency has been employed or retained to solicit or secure a PWSIP loan upon an agreement or understanding for a commission, percentage, brokerage or contingent fee. For breach or violation of this warranty, the agency shall have the right to annul the loan in accordance with Section 662.310 (Noncompliance With Loan Procedures) of this Part or to deduct from the loan, or otherwise recover, the full amount of the commission, percentage, brokerage or contingent fee.

SUBPART G: REQUIREMENTS APPLICABLE TO CONSTRUCTION INITIATION, CHANGES, COMPLETION AND OPERATION OF PROJECT

Section 662.710 Construction Initiation

Upon approval by the Agency of the loan applicant's financial assistance application in accordance with Section 662.430 (Financial Assistance Application and Approval) of this Part, and subject to the availability of

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funds, the Agency will issue the loan agreement and authorize the initiation of construction.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.740 Operation and Maintenance of the Project

In order for the Agency to approve the final inspection for the project, the loan recipient must certify that it has a certified operator and that it has provided the following training and operation and maintenance documents:

- Training pertaining to the proper operation and maintenance of the equipment and process units included in the project.
- An operation and maintenance reference library that includes, but is not limited to, the following:
 - 1) Manufacturer's literature, shop drawings and warranties ~~as well as a maintenance schedule for the equipment--and--process--units included in the project;~~
 - 2) The plans of record with valve indices for the equipment and process units included in the project; and
 - 3) A maintenance schedule for the equipment and process units included in the project.
- Training pertaining to the general operation of public water supply facilities or distribution systems, consisting of an operator self-study course such as "Water Treatment Plant Operation," Volumes I and II, or "Small Water System Operation and Maintenance," or "Water Distribution System Operation and Maintenance," California State University, Sacramento.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART H: REQUIREMENTS APPLICABLE TO ACCESS, AUDITING AND RECORDS

Section 662.810 Access

- The Agency and its designated representatives shall have access, during normal business hours and at any other time during which work is being performed, to the premises where any portion of the work for which the PWSIP loan was provided is being performed. After final loan closing, Agency personnel or any authorized Agency representative shall have access to the project records as defined in Section 662.820 (Audit and Records) of this Subpart Part and to the project site during normal business hours, to the full extent of the loan recipient's right to access.
- Every contract entered into by the loan recipient for construction work, and every subagreement, shall provide Agency representatives

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with access to the work. The contractor or subcontractor shall provide facilities for access and inspection. The contract or subagreement shall also provide that the Agency or any authorized representative shall have access to any books, documents, papers and records that are pertinent to the project for the purpose of making audit, examination, excerpts and transcriptions.

- c) Failure by the loan recipient or any of its contractors or subcontractors to provide access after 10 ten days written notice from the Agency shall be cause for termination of the loan pursuant to Section 662.820 (Termination) of this Part, and refund to the State of Illinois for deposit into the PWSLP any unexpended loan funds. In addition, any loan recipient, contractor or subcontractor found in noncompliance with this Section 662.810 shall repay any loan funds previously spent.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.820 Audit and Records

- a) The loan recipient shall maintain books, records, documents, reports, and other evidentiary material and accounting procedures and practices consistent with generally accepted government accounting standards in accordance with the American Institute of Certified Public Accountants Professional Standards.

- b) For purposes of this Section 662.820 "records" shall include, but are not be limited to: ~~the following--shall constitute--records--for purposes of this Section:~~

- 1) Documentation of the receipt and disposition by the loan recipient of all financial assistance received for the project, including both State financial assistance and any matching share or cost sharing; and
 - 2) Documentation of the costs charged to the project, including all direct and indirect costs of whatever nature incurred for the performance of the project for which the loan has been provided.
- c) The loan recipient's facilities, or any facilities engaged in the performance of the PWSLP loan project, and the loan recipient's records shall be subject to inspection and audit by the Agency or its authorized representative, at the times specified in Section 662.810 (Access) of this Subpart.

- d) The loan recipient shall preserve and make its records available to the Agency or its authorized representative for the following periods:

- 1) For all costs associated with design and construction, for 3 years after final loan closing;
- 2) For all other accounting records concerning the loan, for 3 years from the date of the transaction; and
- 3) For any longer period required by law or by subsections (e) and

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(f) below.

- e) If the loan is completely or partially terminated, the records relating to the terminated work shall be preserved and made available for 3 years after any resulting final termination settlement.

- f) Records that relate to appeals under the "disputes" clause, litigation or the settlement of claims arising out of the performance of the PWSLP loan project, or to project costs and expenses to which exception has been taken by the Agency or its authorized representatives, shall be retained until the appeals, litigation, claims, or exceptions have been completed.

- g) Failure of the loan recipient or its contractors or subcontractors to make records available to the Agency as required by Section 662.810 (Access) of this Subpart after 10 days written notice shall be cause for termination of the loan pursuant to Section 662.820 (Termination) of this Part and for refund to the State of Illinois for deposit into the PWSLP of any unexpended loan funds. In addition, any loan recipient, contractor or subcontractor found in noncompliance with this Section 662.820 shall repay any loan funds previously spent.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.830 Single Audit Act

A local government unit or a privately owned community water supply having not-for-profit status shall comply with the provisions of the Single Audit Act of 1996 (31 USC 7501 et seq.). ~~the loan recipient shall comply with the provisions of the Single Audit Act of 1996 (31 USC 7501 et seq.).~~

(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART I: FINANCIAL AND MANAGERIAL CAPACITY REQUIREMENTS FOR OPERATION;

MAINTENANCE-AND

REPLACEMENT-REVENUE-SYSTEM-FINANCIAL-CAPABILITY-BEDICATED

SOURCE-OF-REVENUE-AND-PROGRAM-INSURANCE

Section 662.910 Operation, Maintenance and Replacement Revenue System

- a) In order for the loan agreement to be issued, the Agency must have approved the loan applicant's proposed source of revenue for operation, maintenance, and replacement (O&MR) costs. The proposed source of revenue must be enacted and enforceable, if appropriate, before the first loan disbursement can be made ~~take place~~.

- b) The Agency shall approve the O&MR revenue system in accordance with the following criteria:

- 1) For the first year of operation of new facilities, operation, maintenance and replacement costs shall be based upon past

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experience or some other rational method that can be demonstrated to be applicable.

2) The loan recipient shall review annually and revise periodically the proposed revenue source to reflect actual water works operation, maintenance, and replacement costs. The Agency may request a report on the status of the projected costs, actual costs, revenue generated and fund balances at any time.

3) The proposed revenue source shall generate sufficient revenue to offset the cost of all water works operation, maintenance and replacement required to be provided by the loan recipient.

4) If the project is for a regional community public water supply facility that distributes water to other public water supplies, appropriate municipal ordinances, intergovernmental or service agreements or other appropriate authorizations must be submitted.

c) Upon approval of a loan recipient's proposed O, M & R revenue source, the implementation and maintenance of the source shall become a condition of the loan subject to Section 662.310 (Noncompliance with Loan Procedures) of this Part.

d) ~~The loan recipient shall maintain records necessary to document compliance in accordance with the local records act 69-1569-2961.~~

d) ~~The Agency or its authorized representative shall have access to all books, documents, papers, and records of the loan recipient for the purpose of making audit, examination, excerpts, and transcriptions in order to ensure compliance with subsection (b) above.~~

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.920 Financial Capability

a) The loan applicant shall demonstrate to the Agency that it has the necessary legal, financial, managerial and technical institutional capability to:

1) Construct, construct, operate and maintain the project for the life of the public water supply facilities;

2) Retire the loan, including the execution of any necessary legally enforceable intergovernmental agreements and any enactments the enactment of any local legislation necessary to recover adequate capital costs to repay the loan; and

3) Meet meet any covenants and requirements in the loan agreement. To demonstrate financial, managerial and technical institutional capability, the loan applicant shall, at a minimum, show that:

1) It is empowered under law to own, operate and maintain a public water supply facility including the facilities to be constructed under the loan;

2) It has the necessary easements, titles, permits and legally enforceable intergovernmental agreements for loan project implementation, as identified in the project plan; and

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3) It has or will have the necessary qualified personnel to operate and maintain the facility.

c) The financial capability demonstration shall be submitted to the Agency for approval and shall contain detailed project costs, existing and proposed operation, maintenance and replacement costs, existing and proposed local capital costs and historical information over the past 3 five years consisting of audited annual financial statements, tax returns, Illinois Commerce Commission annual reports, bond ratings, number of billed customers users and tax rate levies.

d) The Agency may suggest mitigative measures to improve the loan applicant's financial capability to undertake the project, including but not limited to acquisition of grant funding, reduction of project costs, additional or different sources of dedicated revenues, efforts to reduce the number of delinquent billed customers users and changes to existing financial practices that may threaten generation of adequate revenues.

e) The Agency may require a loan term of less than the 20 year maximum. In evaluating the appropriateness of alternative loan terms, the Agency shall consider such factors as the scope of the proposed project, the impacts of alternative loan terms on user fees, and the overall cost of the project.

f) ~~The Agency may also utilize available credit reporting services.~~

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.930 Dedicated Source of Revenue for Local Government Units

a) A source of revenue shall be dedicated and pledged to make the loan repayments. Prior to loan approval, the Agency shall review the proposed dedicated and pledged revenue source to assure that it will generate revenues adequate to make the loan repayments and will provide a continuing source of revenue adequate to make loan repayments for the term of the loan. If the source of revenue is pledged in a subordinate position to a revenue bond ordinance, the covenants regarding coverage and reserve for the revenue source shall be equivalent identical to those in the revenue bond ordinance. At a minimum, the reserve account shall be equal to the annual principal and interest payment funded within 2 years after the loan award.

b) The necessary legislative enactments to dedicate and pledge the source of revenue must be in place before the Agency can make the first loan disbursement.

c) The loan recipient shall maintain a separate account in its books to record the dedicated revenues for loan repayment establish an account maintained by a bank trust that is restricted to use for the loan repayment in which to deposit the dedicated revenues prior to the time of first loan disbursement.

d) The loan recipient shall, for the term of the loan, review and adjust

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the dedicated source of revenue as necessary to provide adequate funds for the repayment of the loan. The recipient shall timely notify, and submit to the Agency for approval, all proposed changes to the dedicated source of revenue.

- e) Upon request, the loan recipient shall submit to the Agency, upon request, a statement on the status of the restricted account required by Section 662.930(c) after initiation of the loan repayment period that contains the status of the dedicated revenue account, including the projected revenues, actual revenues, fund balance, debt service obligations and other requirements of the loan agreement. The Agency's review approval will be based on, but not limited to, ensuring that the revised dedicated source of revenue is legally authorized, generates sufficient revenue and is otherwise in accordance with this Part 662.

- f) In the event that the actual revenues fall short of the amount required to retire the loan, the Agency will require the loan recipient to re-examine the dedicated revenue source and restructure it as necessary.

(Source: Amended at 24 Ill. Reg. _____, effective _____.)

Section 662.935 Source of Revenue and Security for Privately Owned Community Water Supplies

- a) The loan applicant must provide a detailed demonstration that there is an adequate source of revenue to repay the principal and interest due on the loan. The loan applicant must also demonstrate that there is adequate security for the full amount of the loan. This shall include, but is not limited to, the following:

- 1) The audited financial statements and tax returns required under Section 662.920 of this Subpart and the calculation of the ratios set forth in the Robert Morris Associates (RMA) Annual Statement Studies for the Standard Industrial Classification (SIC) #4941. The statements must show a positive cash flow for all 3 years. 50% of the ratios must fall in the upper 2 quartiles when compared to the RMA Annual Statement Studies for SIC #4941.
- 2) Any rate increase required to assure that adequate revenues will be generated to make the loan repayments must be adopted in a legally binding manner prior to the issuance of a loan. When applicable, approval of the rate increase by the Illinois Commerce Commission will be required.
- 3) Appropriate legal documents will be provided to enable the Agency to perfect its security interest in the revenues of the system and other personal properties offered as security by filing the necessary information under the Uniform Commercial Code.
- 4) The loan applicant must submit a legal description and current appraisal by a licensed appraiser of real property to be used for

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collateral. The mortgage must be executed prior to the issuance of the loan.

- 5) Approval from the Illinois Commerce Commission to incur debt, if applicable.
- b) The loan recipient must maintain a separate account in its books to record the revenues for loan repayment.
- c) The loan recipient must, for the term of the loan, review and adjust the source of revenue as necessary to provide adequate funds for the repayment of the loan. The loan recipient must timely notify the Agency of, and submit to the Agency for approval, all proposed changes to the source of revenue.
- d) Upon request, the loan recipient shall submit to the Agency a statement on the status of the account required by subsection (b) that contains the status of the revenue account, including the projected revenues, actual revenues, fund balance, debt service obligations and other requirements of the loan agreement. The Agency's review will be based on, but not limited to, ensuring that the source of revenue generates sufficient revenue and is otherwise in accordance with this Part 662.

- e) In the event that the actual revenues fall short of the amount required to retire the loan, the Agency will require the loan recipient to re-examine the revenue source and restructure it as necessary.

(Source: Added at 24 Ill. Reg. _____, effective _____.)

Section 662.940 Floodplain Insurance

- a) If the loan project includes insurable structures that will be located within a designated floodplain area as defined in the National Flood Insurance Act of 1968 (42 USC 854e-4001-4127), the loan recipient shall furnish written evidence that it is participating in the National Flood Insurance Program or that the construction areas have received official exclusion from the flood insurance requirements by the Federal Emergency Management Agency.
- b) The loan recipient (or the construction contractor, as appropriate) shall acquire any flood insurance made available to it under the National Flood Insurance Act of 1968, as amended, and maintain the insurance for the entire useful life of the insurable structures.
- c) The amount of insurance required shall be the lesser of the total project cost, excluding facilities that are uninsurable under the National Flood Insurance Program, or the maximum limit of coverage made available to the loan recipient under the National Flood Insurance Act of 1968.
- d) The required insurance premium for the period of construction shall be an allowable project cost under Section 662.1010 [Determination of Allowable Costs] of this Part.

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(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART J: REQUIREMENTS APPLICABLE TO LOAN DISBURSEMENTS

Section 662.1010 Determination of Allowable Costs

The loan recipient shall be paid, upon request, in accordance with Section 662.1030 (Disbursement of Loan Funds) of this Subpart, for all costs that are within the scope of the approved project, not to exceed the total amount of the loan, and that are determined to be allowable in accordance with the following criteria:

- a) Allowable Project Costs
All reasonable and necessary costs directly attributable to the design and construction of an eligible, loan assisted public water supply project, that are not excluded from loan funding by legislation or non-waivable regulations. Categories of necessary costs include, but are not limited to, the following:
 - 1) The direct purchase of materials, equipment and personal services specifically necessary for the completion of a loan funded project;
 - 2) Professional and consultant services contracts necessary for design, bidding, and construction of a loan funded project, except as elsewhere limited by this Part 662;
 - 3) Costs under approved construction contracts; and
 - 4) Costs for premiums for required flood insurance during the project construction period.
- b) Ineligible Costs
Categories of costs that are ineligible for loan assistance, and are not subject to the "reasonable and necessary" test of allowability include, but are not limited to, the following:
 - 1) Costs for preparing a project planning document;
 - 2) Costs outside the scope of the approved project plan;
 - 3) Site acquisition, including easement compensation;
 - 4) Construction of any facilities that do not clearly fall within the definition of a community public water supply facility as contained in the federal Safe Drinking Water Act;
 - 5) Costs of projects whose main purpose is fire protection or servicing future growth.
- c) Disputes Concerning Allowable Costs
The loan recipient shall seek to resolve any questions relating to cost allowability or allocation at the earliest opportunity. Final determinations by the Director concerning the allowability of costs shall be conclusive.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

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Section 662.1030 Disbursement of Loan Funds

- a) Disbursements are subject to the appropriation of funds by the General Assembly and the availability of cash deposited into the PWSLP from drawdowns from the USEPA Automated Clearing House, State matching funds, repayments of existing loans, interest earnings on money in the PWSLP, and money deposited into the PWSLP from other sources.
- b) Disbursements shall be made as follows:
 - 1) After the receipt of a fully executed loan agreement, disbursement requests must be sent directly to the Agency. Actual disbursements shall be processed in accordance with the loan agreement.
 - 2) Disbursements will be processed based on costs incurred that are due and payable as evidenced by invoices. The Agency may withhold any disbursement for a violation of the loan agreement conditions.
 - c) The loan recipient shall make prompt payment to the contractor.
 - d) The State share of any refunds, rebates, credits or other amounts (including any interest) accruing to or received by the loan recipient with respect to the project that are properly allocable to costs for which loan funds have been disbursed must be paid, minus any reasonable expenses incurred in securing these funds, to the State of Illinois for deposit in the PWSLP.
 - e) Before the final principal amount of the loan can be established:
 - 1) The Agency shall ~~must~~ conduct a final inspection and a project review to insure that all applicable loan conditions have been satisfied; and
 - 2) The loan recipient must submit to the Agency a final waiver from the contractor and a Certification of Payment that all bills have been paid.
 - f) The loan recipient must ~~shall~~ also submit a release, discharging the State of Illinois, its officers, agents and employees from all liabilities, obligations and claims arising out of the project work or under the loan, subject only to such exceptions which may be specified in the release.
 - g) Any use of loan funds at variance with this Part 662 shall result in repayment of those loan funds to the State of Illinois for deposit into the PWSLP.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART K: PROCEDURES FOR LOAN REPAYMENT AND DELINQUENT REPAYMENT

Section 662.1110 Loan Repayment to the Agency

Loan repayment to the Agency shall be in accordance with the loan repayment

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Provisions schedule contained in the loan agreement.

- a) Loan repayments shall commence not later than 6 months after the initiation of the loan repayment period and shall be due semi-annually for local government units, and quarterly for privately owned community water supplies unless the Agency determines that the **dedicated** source of revenue justifies an alternative repayment plan.
- b) After the initiation of the loan repayment period date in the loan agreement, the Agency shall set a principal amount and give the loan recipient an interim repayment schedule.
- c) After a final cost review of the project, the Agency shall establish the final principal amount and give the loan recipient a final repayment schedule.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 662.1120 Delinquent Loan Repayments

- a) If a repayment is not made according to the repayment schedule, the loan recipient shall notify the Agency in writing within 15 days after the repayment due date. The notification shall state the reasons the repayment was not timely tendered and the circumstances under which the late repayment will be satisfied, and shall contain binding commitments to assure future repayments. After receipt of this notification, the Agency shall accept the plan or take action in accordance with subsection (b).

- b) If a loan recipient fails to comply with subsection (a), the Agency shall promptly issue a notice of delinquency to the loan recipient and require a written response within 15 days. The notice of delinquency shall require the loan recipient to revise its rates, fees and charges to meet its obligations or to take other specified actions as may be appropriate to remedy the delinquency and to assure future repayments.

- c) In the event that the loan recipient fails to timely or adequately respond to a notice of delinquency, or fails to meet any obligations pursuant to subsections (a) and (b), the Agency shall pursue the collection of the amounts past due, the outstanding loan balance and the costs incurred thereby, either pursuant to the Illinois State Collection Act of 1986 [30 ILCS 210] or by any other lawful means including the taking of title by foreclosure or otherwise to any project or other property pledged, mortgaged, encumbered or otherwise available as security or collateral. [415 ILCS 5/19.6]

- e) If a repayment is not made according to the repayment schedule, the loan recipient shall notify the Agency in writing within 15 days after the repayment due date. The notification shall state the reasons the repayment was not timely tendered and the circumstances under which the late repayment will be satisfied, and shall contain binding commitments to assure future repayments. After receipt of this notification, the Agency shall accept the plan or take action in

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- b) accordance with subsection (b) below
if a loan recipient fails to comply with subsection (a) above, the Agency shall promptly issue a notice of delinquency to the loan recipient and require a written response within 30 days. The notice of delinquency shall require the loan recipient to revise its rates, fees and charges to meet its obligations or to take other specified actions as may be appropriate to remedy the delinquency and to assure future repayments.
- c) In the event that the loan recipient fails to timely or adequately respond to a notice of delinquency or fails to meet any obligations pursuant to subsections (a) and (b) above, the Agency shall pursue the collection of the amounts past due, the outstanding loan balance and the costs incurred thereby, either pursuant to the Illinois State Collection Act of 1986 [30 ILCS 210] or by any other lawful means

(Source: Amended at 24 Ill. Reg. _____, effective _____)

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Section 662.APPENDIX A Executive Orders

Section 662.EXHIBIT D Executive Order 11246

EQUAL EMPLOYMENT OPPORTUNITY
EXECUTIVE ORDER 11246, AS AMENDED

Executive Order 11246 - Equal Employment Opportunity

Under and by virtue of the authority vested in me as President of the United States, by the Constitution and statutes of the United States, it is ordered as follows:

Part I - Nondiscrimination in Government Employment

Part II - Nondiscrimination in Employment by Government Contractors and Subcontractors

Subpart A - Duties of the Secretary of Labor

SEC. 201. The Secretary of Labor shall be responsible for the administration and enforcement of Parts II and III of this Order. The Secretary shall adopt such rules and regulations and issue such orders as are deemed necessary and appropriate to achieve the purposes of Parts II and III of this Order.

Subpart B - Contractors' Agreements

SEC. 202. Except in contracts exempted in accordance with Section 204 of this Order, all Government contracting agencies shall include in every Government contract hereafter entered into the following provisions:

During the performance of this contract, the contractor agrees as follows:

- 1) The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of this nondiscrimination clause.

- 2) The contractor will, in all solicitations or advancements for

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employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin.

- 3) The contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under Section 202 of Executive Order No. 11246 of September 24, 1965, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

- 4) The contractor will comply with all provisions of Executive Order No. 11246 of Sept. 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

- 5) The contractor will furnish all information and reports required by Executive Order No. 11246 of September 24, 1965, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the contracting agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

- 6) In the event of the contractor's noncompliance with the nondiscrimination clauses of this contract or with any of such rules, regulations, or orders, this contract may be cancelled, terminated, or suspended in whole or in part and the contractor may be declared ineligible for further Government contracts in accordance with procedures authorized in Executive Order No. 11246 of Sept. 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in Executive Order No. 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

- 7) The contractor will include the provisions of paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Section 204 of Executive Order No. 11246 of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The contractor will take such action with respect to any subcontract or purchase order as may be directed by the Secretary of Labor as a means of enforcing such provisions including sanctions for noncompliance. Provided, however, that in the event the contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction, the contractor may request the United States to enter into such litigation to protect

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the interests of the United States.

SEC. 203. Each contractor having a contract containing the provisions prescribed in Section 202 shall file, and shall cause each of his subcontractors to file, Compliance Reports with the contracting agency or the Secretary of Labor as may be directed. Compliance Reports shall be filed within such times and shall contain such information as to the practices, policies, programs, and employment policies, programs, and employment statistics of the contractor and each subcontractor, and shall be in such form, as the Secretary of Labor may prescribe.

- a) Bidders or prospective contractors or subcontractors may be required to state whether they have participated in any previous contract subject to the provisions of this Order, or any preceding similar Executive Order, and in that event to submit, on behalf of themselves and their proposed subcontractors, Compliance Reports prior to or as an initial part of their bid or negotiation of a contract.
- b) Whenever the contractor or subcontractor has a collective bargaining agreement or other contract or understanding with a labor union or an agency referring workers or providing or supervising apprenticeship or training for such workers, the Compliance Report shall include such information as to such labor union's or agency's practices and policies affecting compliance as the Secretary of Labor may prescribe. Provided, That to the extent such information is within the exclusive possession of a labor union or an agency referring workers or providing or supervising apprenticeship or training and such labor union or agency shall refuse to furnish such information to the contractor, the contractor shall so certify to the Secretary of Labor as part of its Compliance Report and shall set forth what efforts he has made to obtain such information.

- c) The Secretary of Labor may direct that any bidder or prospective contractor or subcontractor shall submit, as part of his Compliance Report, a statement in writing, signed by an authorized officer or agent on behalf of any labor union or any agency referring workers or providing or supervising apprenticeship or other training, with which the bidder or prospective contractor deals, with supporting information, to the effect that the signer's practices and policies do not discriminate on the grounds of race, color, religion, sex or national origin, and that the signer either will affirmatively cooperate in the implementation of the policy and provisions of this Order or that it consents and agrees that recruitment, employment, and the terms and conditions of employment under the proposed contract shall be in accordance with the purposes and provisions of the order. In the event that the union, or the agency shall refuse to execute such a statement, the Compliance Report shall so certify and set forth what efforts have been made to secure such a statement and such

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additional factual material as the Secretary of Labor may require.

SEC. 204. The Secretary of Labor may, when he/she deems that special circumstances in the national interest so require, exempt a contracting agency from the requirement of including any or all of the provisions of Section 202 of this Order in any specific contract, subcontract, or purchase order. The Secretary of Labor may, by rule or regulation, also exempt certain classes of contracts, subcontracts, or purchase orders (1) whenever work is to be or has been performed outside the United States and no recruitment of workers within the limits of the United States is involved; (2) for standard commercial supplies or raw materials; (3) involving less than specified amounts of money or specified numbers of workers; or (4) to the extent that they involve subcontractors below a specified tier. The Secretary of Labor may also provide, by rule, regulation, or order, for the exemption of facilities of a contractor which are in all respects separate and distinct from activities of the contractor related to the performance of the contract provided. That such an exemption will not interfere with or impede the effectuation of the purposes of this Order; and provided further, That in the absence of such an exemption, all facilities shall be covered by the provisions of this Order.

Subpart C - Powers and Duties of the Secretary of Labor and the Contracting Agencies

SEC. 205. The Secretary of Labor shall be responsible for securing compliance by all Government contractors and subcontractors with this Order and any implementing rules or regulations. All contracting agencies shall comply with the terms of this Order and any implementing rules, regulations, or orders of the Secretary of Labor. Contracting agencies shall cooperate with the Secretary of Labor and shall furnish such information and assistance as the Secretary may require.

SEC. 206. The Secretary of Labor may investigate the employment practices of any Government contractor or subcontractor to determine whether or not the contractual provisions specified in Section 202 of this Order have been violated. Such investigation shall be conducted in accordance with the procedures established by the Secretary of Labor.

- a) The Secretary of Labor may receive and investigate complaints by employees or prospective employees of a Government contractor or subcontractor which allege discrimination contrary to the contractual provisions specified in Section 202 of this Order.

SEC. 207. The Secretary of Labor shall use his/her best efforts, directly and through interested Federal, State, and local agencies, contractors, and all other available instrumentalities to cause any labor union engaged in work under Government contracts or any agency referring workers or providing or supervising apprenticeship or training for or in the course of such work to cooperate in the implementation of the purposes of this Order. The Secretary of

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Labor shall, in appropriate cases, notify the Equal Employment Opportunity Commission, the Department of Justice, or other appropriate Federal agencies whenever it has reason to believe that the practices of any such labor organization or agency violate Title VI or Title VII of the Civil Rights Act of 1964 or other provision of Federal law.

SEC. 208. The Secretary of Labor, or any agency, officer, or employee in the executive branch of the Government designated by rule, regulation, or order of the Secretary, may hold such hearings, public or private, as the Secretary may deem advisable for compliance, enforcement, or educational purposes.

- a) The Secretary of Labor may hold, or cause to be held, hearings in accordance with Subsection of this Section prior to imposing, ordering, or recommending the imposition of penalties and sanctions under this Order. No order for debarment of any contractor from further Government contracts under Section 209(6) shall be made without affording the contractor an opportunity for a hearing.

Subpart D - Sanctions and Penalties

SEC. 209. In accordance with such rules, regulations, or orders as the Secretary of Labor may issue or adopt, the Secretary may:

- 1) Publish, or cause to be published, the names of contractors or unions which it has concluded have complied or have failed to comply with the provisions of this Order or of the rules, regulations, and orders of the Secretary of Labor.
- 2) Recommend to the Department of Justice that, in cases in which there is substantial or material violation or the threat of substantial or material violation of the contractual provisions set forth in Section 202 of this Order, appropriate proceedings be brought to enforce those provisions, including the enjoining, within the limitations of applicable law, of organizations, individuals, or groups who prevent compliance or indirectly, or seek to prevent directly or indirectly, compliance with the provisions of this Order.
- 3) Recommend to the Equal Employment Opportunity Commission or the Department of Justice that appropriate proceedings be instituted under Title VII of the Civil Rights Act of 1964.
- 4) Recommend to the Department of Justice that criminal proceedings be brought for the furnishing of false information to any contracting agency or to the Secretary of Labor as the case may be.
- 5) After consulting with the contracting agency, direct the contracting agency to cancel, terminate, suspend, or cause to be cancelled, terminated, or suspended, any contractor, or any portion or portions thereof, for failure of the contractor or subcontractor to comply with equal employment opportunity provisions of the contract. Contracts may be cancelled, terminated, or suspended absolutely or continuance of contracts may be conditioned upon a program for future compliance

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- 6) approved by the Secretary of Labor.
Provide that any contracting agency shall refrain from entering into further contracts, or extensions or other modifications of existing contracts, with any noncomplying contractor, until such contractor has satisfied the Secretary of Labor that such contractor has established and will carry out personnel and employment policies in compliance with the provisions of this Order.
- 7) Pursuant to rules and regulations prescribed by the Secretary of Labor, the Secretary shall make reasonable efforts, within a reasonable time limitation, to secure compliance with the contract provisions of this Order by methods of conference, conciliation, mediation, and persuasion before proceedings shall be instituted under subsection (a)(2) of this Section, or before a contract shall be cancelled or terminated in whole or in part under subsection (a)(5) of this Section.

SEC. 210. Whenever the Secretary of Labor makes a determination under Section 209, the Secretary shall promptly notify the appropriate agency. The agency shall take the action directed by the Secretary and shall report the results of the action it has taken to the Secretary of Labor within such time as the Secretary shall specify. If the contracting agency fails to take the action directed within thirty days, the Secretary may take the action directly.

SEC. 211. If the Secretary shall so direct, contracting agencies shall not enter into contracts with any bidder or prospective contractor unless the bidder or prospective contractor has satisfactorily complied with the provisions of this Order or submits a program for compliance acceptable to the Secretary of Labor.

SEC. 212. When a contract has been cancelled or terminated under Section 209(a)(5) or a contractor has been debarred from further Government contracts under Section 209(a)(6) of this Order, because of noncompliance with the contract provisions specified in Section 202 of this Order, the Secretary of Labor shall promptly notify the Comptroller General of the United States.

Subpart E - Certificates of Merit

SEC. 213. The Secretary of Labor may provide for issuance of a United States Government Certificate of Merit to employers or labor unions, or other agencies which are or may hereafter be engaged in work under Government contracts, if the Secretary is satisfied that the personnel and employment practices of the employer, or that the personnel, training, apprenticeship, membership, grievance and representation, upgrading, and other practices and policies of the labor union or other agency conform to the purposes and provisions of this Order.

SEC. 214. Any Certificate of Merit may at any time be suspended or revoked by the Secretary of Labor if the holder thereof, in the judgment of the Secretary,

ENVIRONMENTAL PROTECTION AGENCY
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has failed to comply with the provisions of this Order.

SEC. 215. The Secretary of labor may provide for the exemption of any employer, labor union, or other agency from any reporting requirements imposed under or pursuant to this Order if such employer, labor union, or other agency has been awarded a Certificate of Merit which has not been suspended or revoked.

Part III - Nondiscrimination Provisions in Federally Assisted Construction Contracts

SEC. 301.. Each executive department and agency, which administers a program involving Federal financial assistance shall require as a condition for the approval of any grant, contract, loan, insurance, or guarantee thereunder, which may involve a construction contract, that the applicant for Federal assistance undertake and agree to incorporate, or cause to be incorporated, into all construction contracts paid for in whole or in part with funds obtained from the Federal Government or borrowed on the credit of the Federal Government pursuant to such grant, contract, loan, insurance, or guarantee, or undertaken pursuant to any Federal program involving such grant, contract, loan, insurance, or guarantee, the provisions prescribed for Government contracts by Section 202 of this Order or such modification thereof, preserving in substance the contractor's obligations thereunder, as may be approved by the Secretary of Labor, together with such additional provisions as the Secretary deems appropriate to establish and protect the interest of the United States in the enforcement of those obligations. Each such applicant shall also undertake and agree (1) to assist and cooperate actively with the Secretary of Labor in obtaining the compliance of contractors and subcontractors with those contract provisions and with the rules, regulations and relevant orders of the Secretary, (2) to obtain and to furnish to the Secretary of Labor such information as the Secretary may require for the supervision of such compliance, (3) to carry out sanctions and penalties for violation of such obligations imposed upon contractors and subcontractors by the Secretary of Labor pursuant to Part II, Subpart D, of this Order, and (4) to refrain from entering into any contract subject to this Order, or extension or other modification of such a contract with a contractor debarred from Government contracts under Part II, Subpart D, of this Order.

SEC. 302. "Construction contract" as used in this Order means any contract for the construction, rehabilitation, alteration, conversion, extension, or repair of buildings, highways, or other improvements to real property.

- a) The provisions of Part II of this Order shall apply to such construction contracts, and for purposes of such application the administering department or agency shall be considered the contracting agency referred to therein.
- b) The term "applicant" as used in this Order means an applicant for

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Federal assistance or, as determined by agency regulation, other program participant, with respect to whom an application for any grant, contract, loan, insurance, or guarantee is not finally acted upon prior to the effective date of this Part, and it includes such an applicant after he/she becomes a recipient of such Federal assistance.

SEC. 303. The Secretary of Labor shall be responsible for obtaining the compliance of such applicants with their undertakings under this Order. Each administering department and agency is directed to cooperate with the Secretary of Labor and to furnish the Secretary such information and assistance as the Secretary may require in the performance of the Secretary's functions under this Order.

- a) In the event an applicant fails and refuses to comply with the applicant's undertakings pursuant to this Order, the Secretary of Labor may, after consulting with the administering department or agency, take any or all of the following actions: (1) direct any administering department or agency to cancel, terminate, or suspend in whole or in part the agreement, contract or other arrangement with such applicant with respect to which the failure or refusal occurred; (2) direct any administering department or agency to refrain from extending any further assistance to the applicant under the program with respect to which the failure or refusal occurred until satisfactory assurance of future compliance has been received by the Secretary of Labor from such applicant; and (3) refer the case to the Department of Justice or the Equal Employment Opportunity Commission for appropriate law enforcement or other proceedings.

- b) In no case shall action be taken with respect to an applicant pursuant to clause (1) or (2) of subsection (b) without notice and opportunity for hearing. SEC. 304. Any executive department or agency which imposes by rule, regulation, or order requirements of nondiscrimination in employment, or other than requirements imposed pursuant to this Order, may delegate to the Secretary of Labor by agreement such responsibilities with respect to compliance standards, reports, and procedures as would tend to bring the administration of such requirements into conformity with the administration of requirements imposed under this Order: Provided, That actions to effect compliance by recipients of Federal financial assistance with requirements imposed pursuant to Title VI of the Civil Rights Act of 1964 shall be taken in conformity with the procedures and limitations prescribed in Section 602 thereof and the regulations of the administering department or agency issued thereunder.

Part IV - 96 Miscellaneous

SEC. 401. The Secretary of Labor may delegate to any officer, agency, or

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employee in the Executive branch of the Government, any function or duty of the Secretary under Parts II and III of this Order.

[Sec. 401 amended by EO 12086 of Oct. 5, 1978, 43 FR 46501, 3 CFR, 1978 Comp., p. 230]

SEC. 402. The Secretary of Labor shall provide administrative support for the execution of the program known as the "Plans for Progress."

SEC. 403. Executive Orders Nos. 10590 (January 19, 1955), 10722 (August 5, 1957), 10925 (March 6, 1961), 11114 (June 22, 1963), and 11162 (July 28, 1964), are hereby superseded and the President's Committee on Equal Employment Opportunity established by Executive Order No. 10925 is hereby abolished. All records and property in the custody of the Committee shall be transferred to the Office of Personnel Management and the Secretary of Labor, as appropriate.

a) Nothing in this Order shall be deemed to relieve any person of any obligation assumed or imposed under or pursuant to any Executive Order superseded by this Order. All rules, regulations, orders, instructions, designations, and other directives issued by the President's Committee on Equal Employment Opportunity and those issued by the heads of various departments or agencies under or pursuant to any of the Executive orders superseded by this Order, shall, to the extent that they are not inconsistent with this Order, remain in full force and effect unless and until revoked or superseded by appropriate authority. References in such directives to provisions of the superseded orders shall be deemed to be references to the comparable provisions of this Order.

[Sec. 403 amended by EO 12107 of Dec. 28, 1978, 44 FR 1055, 3 CFR, 1978 Comp., p. 264]

SEC. 404. The General Services Administration shall take appropriate action to revise the standard Government contract forms to accord with the provisions of this Order and of the rules and regulations of the Secretary of Labor.

SEC. 405. This Order shall become effective thirty days after the date of this Order.

(Source: Added at 24 Ill. Reg. _____, effective _____)

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Audit Requirements of DHS

2) Code Citation: 89 Ill. Adm. Code 507

3) Section Numbers: 507.10
Proposed Action: Amended

4) Statutory Authority: Implementing and authorized by the Department of Human Services Act [20 ICS 1305].

5) A Complete Description of the Subjects and Issues involved: This rulemaking amends this rule to include two new information forms designed by DHS Contract Administration to gather needed fiscal and administrative data. These changes sharpen the focus of the reporting forms.

6) Will this proposed amendment replace an emergency amendment currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives (if applicable): This rulemaking does not create or expand a State mandate.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Ms. Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
3rd Floor Harris Bldg.
Springfield IL 62762
(217) 785-9772

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: Those providing services to DHS

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- B) Reporting, bookkeeping or other procedures required for compliance: Fiscal and administrative data reports
- C) Types of professional skills necessary for compliance: Administrative and Accounting skills

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent agendas because: This rulemaking was not anticipated during the development of the Regulatory Agenda.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 507
AUDIT REQUIREMENTS OF DHS

Section
507.10 Audit Requirements

AUTHORITY: Implementing and authorized by the Department of Human Services Act [20 ILCS 1305].

SOURCE: Adopted by emergency rule at 22 Ill. Reg. 12154, effective June 24, 1998, for a maximum of 150 days; emergency expired November 21, 1998; adopted at 22 Ill. Reg. 22386, effective December 8, 1998; emergency amendment at 23 Ill. Reg. 7768, effective June 24, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 12627, effective October 4, 1999; amended at 24 Ill. Reg. _____, effective _____.

Section 507.10 Audit Requirements

- a) Each Provider receiving purchase of service or grant contract funding (Provider) from the Department of Human Services (Department) shall annually submit to the Department a Fiscal/Administrative Checklist, an independent audit report and/or revenue and expense data in a form prescribed by the Department, and/or a Grant Report to enable the Department to perform fiscal monitoring and to account for the usage of funds paid to the Provider under Agreements with the Department. Providers subject to these requirements shall be notified by registered or certified letter no later than May 31st of the year of the contract. This letter shall contain detailed instructions related to the Fiscal/Administrative Checklist, independent audit requirements, and Grant Report, including provisions for requesting waivers, modifications and filing extensions.
- b) If the Provider's combined purchase of service or grant contract funding for Department programs is less than \$100,000 and the Department performs rate calculations to determine payments for any of the programs, the Provider will be required to submit revenue and expense data in a form prescribed by the Department. Two copies shall be filed with the Department's Office of Contract Administration. The report shall be submitted within 120 days after the end of the Provider's fiscal year. If any of the programs are grants the Provider will be required to submit a Grant Report.
- c) If the Provider's combined purchase of service or grant contract funding for Department programs is less than \$300,000 but \$100,000 or more and the Department performs rate calculations to determine payments for any of the programs, the Provider will be required to

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submit revenue and expense data in a form prescribed by the Department with an opinion from an Independent Certified Public Accountant. Two copies shall be filed with the Department's Office of Contract Administration. The report with an opinion shall be submitted within 120 days after the end of the Provider's fiscal year. If any of the programs are grants the Provider will be required to submit a Grant Report.

- d) If the Provider's combined purchase of service or grant contract funding for Department programs is \$300,000 or more and the Department performs rate calculations to determine payments for any of the programs, the Provider shall be required to submit **an independent audit-report-and** revenue and expense data in a form prescribed by the Department. If any of the programs are grants the Provider will be required to submit a Grant Report. All Providers with a combined purchase of service or grant funding for Department programs of \$300,000 or more are required to submit an independent audit report, the basic requirements are:

- 1) The audit shall be conducted by a Certified Public Accountant or Certified Public Accounting Firm licensed in the State of Illinois;
 - 2) The audit report shall include the financial statements prescribed by the Financial Accounting Standards Board for Not-For-Profit Organizations, or the Governmental Accounting Standards Board for Governmental Entities, as appropriate; and
 - 3) The audits shall be conducted in accord with the "single audit" requirements and standards when the Provider receives or expends Federal funds that cumulatively exceed the Federal threshold. These requirements are detailed in Federal OMB Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations"; and
 - 4) The report shall be submitted within 120 days after the end of the Provider's fiscal year. Two copies of any reports prepared in accordance with Federal OMB Circular A-133 shall be filed with the Department's Office of Contract Administration. Any request for an extension of time to file an independent audit report, Fiscal and Administrative Checklist, Grant Report or supplemental revenue and expense data shall be submitted to the Department's Manager of the Office of Contract Administration. The Manager of the Office of Contract Administration shall respond in writing to each such request within 14 days after it is received by the Office of Contract Administration.
- e) A request for exception to the audit requirements prescribed in this Section shall be submitted to the Department's Manager of the Office of Contract Administration. Such requests shall be approved only when convincingly justified. The Department's Manager of the Office of Contract Administration shall respond in writing to each request for exception within 14 days after it is received by the Office of Contract Administration.

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- f) Audit requirements may be waived by the Manager of the Office of Contract Administration when it is deemed to be in the interest of the State of Illinois or when it enhances the operating efficiency of the State. A written determination for the waiver shall be maintained by the Office of Contract Administration.
- g) Failure to meet the audit requirements contained in this Section shall result in the suspension of funding.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

DEPARTMENT OF HUMAN SERVICES
NOTICE OF PROPOSED AMENDMENTS

Ms. Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
3rd Floor Harris Building
Springfield, Illinois 62762
(217) 785-9772

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: None
- B) Reporting, bookkeeping or other procedures required for compliance: None
- C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent agendas because: This rulemaking was not anticipated at the time of the agency's submission of the last Regulatory Agenda.

The full text of the proposed amendment is identical to the emergency amendment published in this issue of the Illinois Register on page 433

DEPARTMENT OF HUMAN SERVICES
NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Developmental Disabilities Services

2) Code Citation: 89 Ill. Adm. Code 144

3) Section Numbers: Proposed Action:

144.160 Added

144.165 Added

144.275 Amended

144.300 Amended

4) Statutory Authority: Implementing Section 18.3 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/18.30] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].

5) A. Complete Description of the Subjects and Issues involved: This rulemaking applies only to ICF/DD-16s and results from P.A. 91-0630 which permits trained, unlicensed staff to provide medication to individuals residing in ICF/DD-16s, under registered professional nurse supervision. These proposed amendments add a per diem amount to the ICF/DD-16 payment rate for reimbursement using a wage factor that is now standardized time entire community system and a ratio of 12:1 for standardized time necessary to provide for each individual's daily medication needs. Additionally, this proposed amendment increases health status monitoring for all individuals in ICF/DD-16s by adding payment of \$0.57 per person per day (\$208.05 annually) in reimbursement for 13 annual hours of base licensed nursing.

6) Will this proposed amendment replace an emergency amendment currently in effect? Its

7) Does this rulemaking contain an automatic repeal date? No

8) Does this proposed amendment contain incorporations by reference? No

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives (if applicable): This rulemaking does not create or expand a State mandate.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the Illinois Register. All requests and comments should be submitted in writing to:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Control of Communicable Diseases Code2) Code Citation: 77 Ill. Adm. Code 6903) Section Numbers: Proposed Action:

690.100 Amendment
 690.110 Amendment
 690.200 Amendment
 690.295 New Section
 690.300 Amendment
 690.310 Repeal
 690.320 Amendment
 690.325 Amendment
 690.327 New Section
 690.330 Amendment
 690.335 New Section
 690.350 Amendment
 690.360 Amendment
 690.365 Amendment
 690.368 New Section
 690.370 Amendment
 690.380 Amendment
 690.385 New Section
 690.386 New Section
 690.390 Amendment
 690.400 Amendment
 690.410 Amendment
 690.420 Amendment
 690.441 New Section
 690.442 New Section
 690.444 Amendment
 690.450 New Section
 690.451 New Section
 690.452 New Section
 690.453 New Section
 690.460 Amendment
 690.470 Repeal
 690.475 Amendment
 690.480 Amendment
 690.490 Amendment
 690.495 Amendment
 690.505 Amendment
 690.510 Amendment
 690.520 Amendment
 690.530 Amendment
 690.550 Amendment
 690.555 New Section
 690.560 Repeal

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690.570 Amendment
 690.580 Amendment
 690.590 Amendment
 690.595 New Section
 690.600 Amendment
 690.601 New Section
 690.610 Amendment
 690.620 Amendment
 690.630 Amendment
 690.640 Amendment
 690.650 Amendment
 690.660 Amendment
 690.661 New Section
 690.670 Amendment
 690.675 New Section
 690.678 New Section
 690.690 Amendment
 690.695 Amendment
 690.700 Repeal
 690.710 Amendment
 690.725 Amendment
 690.730 Amendment
 690.740 Amendment
 690.750 Amendment
 690.752 New Section
 690.800 New Section
 690.900 Amendment
 690.1000 Amendment
 690.1010 Amendment

4) Statutory Authority: Implementing the Infant Eye Disease Act [410 ILCS 215] and the Communicable Disease Report Act [745 ILCS 45], and implementing and authorized by the Department of Public Health Act [20 ILCS 2303].5) A Complete Description of the Subjects and Issues Involved: This rulemaking will revise certain current time frames during which health care providers must report suspected or diagnosed cases of communicable diseases to local health authorities, who then report to the Department. The revised provisions will result in three time frames for reporting: immediately (within 3 hours), within 24 hours and within 7 days after a case is suspected or diagnosed.

Diseases that must be reported immediately (within 3 hours) include anthrax, plague, smallpox, tularemia, foodborne botulism, Q-fever, and any suspected bioterrorist threat or event. Immediate reporting is necessary because these diseases have the potential to be used as bioterrorism agents. Diseases that have been changed from 7 day to 24 hour reporting

DEPARTMENT OF PUBLIC HEALTH

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include Enteric E. coli, hepatitis A, streptococcal infections, Group A: invasive and sequelae to Group A (rheumatic fever and acute glomerulonephritis). This revised reporting time frame will allow for quicker identification of E. coli outbreaks, quicker identification of contacts to hepatitis A cases for the provision of prophylaxis and earlier investigation of cases of streptococcal infections. The 7 day time frame is intended to provide consistency for reporting entities and will replace 5 and 7 day reporting requirements.

There are 20 additions to the reportable disease list. For most of these additions, the number of cases expected in the state would be very few. These disease additions are emerging infectious diseases, agents that have the potential to either be used as bioterrorism agents, cause outbreaks, indicate areas of the State where vector-borne pathogens may occur, highlight antibiotic resistance problems or signal that prophylaxis or contacts may be required. Some of these diseases, such as hepatitis, meningitis, and E. coli are currently reportable and are being revised into more specific categories for reporting. Diseases that will be newly reported with this rulemaking include campylobacteriosis, cyclosporiasis, ehrlichiosis-human granulocytic, ehrlichiosis-human monocytic, haemophilus influenzae, hemolytic uremic syndrome, hantavirus pulmonary syndrome, Q-fever, and versiniosis. In addition, certain reportable diseases are being eliminated from the reporting requirements or are being categorized differently for reporting purposes. For instance, intestinal worms are being deleted because no public health action is taken when intestinal worms are reported.

- 6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No
- 7) Does this Rulemaking Contain an Automatic Repeal Date? No
- 8) Does this Rulemaking Contain any Incorporation by Reference? No
- 9) Are there any Other Proposed Amendments Pending on this Part? No
- 10) Statement of Statewide Policy Objectives: This rulemaking will not create a State mandate on units of local government.
- 11) Time, Place and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the Illinois Register, to:

Paul Thompson
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

(217)782-2043

e-mail: rules@dph.state.il.us

12) Initial Regulatory Flexibility Analysis:

A) Type of Small Businesses Affected: This rulemaking will affect physicians, clinical laboratories and hospitals that are small businesses.

B) Reporting, Bookkeeping or Other Procedures Required for Compliance: The proposed amendments add additional diseases and delete certain diseases from currently required reporting and changes timeframes for reporting of diseases to the Department.

C) Types of Professional Skills Necessary for Compliance: None

13) Regulatory agenda on which this rulemaking was summarized: January 2000

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

690.490	Leptospirosis (Reportable by mail, <u>or</u> telephone, <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)
690.495	Listeriosis (Reportable by mail, <u>or</u> telephone, <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)
690.500	Lymphogranuloma Venereum (Lymphogranuloma inguinale Lymphothia Venereum) (Repealed)
690.505	Lyme Disease (Reportable by mail, <u>telephone</u> , <u>facsimile</u> <u>or</u> electronically <u>mail-or-telephone</u> as soon as possible, within 7 days)
690.510	Malaria (Reportable by mail, <u>or</u> telephone, <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)
690.520	Measles (Reportable by telephone as soon as possible, within 24 hours)
690.530	Meningitis, Aseptic (Including Arboviral Infections) <u>and--other Invasive--Disease--Due-to--Neisseria--meningitidis--or---Haemophilus influenzae</u> (Reportable by mail, <u>telephone</u> , <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days <u>24-hours</u>)
690.540	Meningitis-- <u>Due-to--Other--Bacteria--Fungi--and--Protozoa--and--Aseptic Meningitis</u> (Reportable by <u>mail-or-telephone--as--soon-as-possible</u> within 7 days)
690.540	Meningococcemia (Reportable by telephone as soon as possible) (Repealed)
690.550	Mumps (Reportable by mail, <u>telephone</u> , <u>facsimile</u> <u>or</u> electronically <u>as soon as possible</u> , within 7 days)
690.555	Neisseria Meningitidis, Meningitis and Invasive Disease (Reportable by telephone as soon as possible, within 24 hours)
690.560	Ophthalmia Neonatorum (Gonococcal) (Reportable by mail <u>or</u> telephone as soon as possible, within 7 days) (Repealed)
690.570	Plague (Reportable by telephone immediately <u>as-soon-as-possible</u> , within 3 24 hours)
690.580	Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)
690.590	Psittacosis (Ornithosis) (Reportable by mail, <u>or</u> telephone, <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)
690.595	Q-fever (Reportable by telephone immediately, within 3 hours)
690.600	Rabies, Human (Reportable by telephone as soon as possible, within 24 hours)
690.601	Rabies, Potential Human Exposure (Reportable by telephone, within 24 hours)
690.610	Rocky Mountain Spotted Fever (Reportable by mail, <u>or</u> telephone, <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)
690.620	Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by mail, <u>telephone</u> , <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)
690.630	Salmonellosis (Other than Typhoid Fever) (Reportable by mail, <u>or</u> telephone, <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)
690.640	Shigellosis (Reportable by mail, <u>or</u> telephone, <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)

DEPARTMENT OF PUBLIC HEALTH

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690.650	Smallpox (Reportable by telephone immediately <u>as-soon-as-possible</u> , within 3 24 hours)
690.660	Staphylococcus Aureus <u>Staphylococcal</u> Infections Occurring In Infants Under 28 Days of Age Within a Health Care Institution or With Onset After Discharge (Reportable by mail, <u>or</u> telephone, <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)
690.661	Staphylococcus Aureus Infections with Intermediate or High Level Resistance to Vancomycin (Reportable by telephone, within 24 hours)
690.670	Streptococcal Infections, <u>due-to</u> Group A <u>streptococci</u> , Invasive Disease (Including Toxic Shock Syndrome) and Sequelae to Group A Streptococcal Infections <u>Pharyngitis</u> , rheumatic fever, acute glomerulonephritis and scarlet fever <u>and---invasive disease</u> (Reportable by <u>mail-or</u> telephone <u>as-soon-as-possible</u> , within 24 hours <u>7-days</u>)
690.675	Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, <u>telephone</u> , <u>facsimile</u> <u>or</u> electronically, within 7 days)
690.678	Streptococcus Pneumoniae, Invasive Disease (Including Antibiotic Susceptibility Test Results) (Reportable by mail, <u>telephone</u> , <u>facsimile</u> <u>or</u> electronically, within 7 days)
690.680	Syphilis (Repealed)
690.690	Tetanus (Reportable by mail, <u>telephone</u> , <u>facsimile</u> <u>or</u> electronically, within 7 days)
690.695	Staphylococcus Aureus Infection, Toxic Shock Syndrome (Reportable by mail, <u>or</u> telephone, <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)
690.700	Trachoma (Repealed)
690.710	Trichinosis (Trichinellosis) (Reportable by mail, <u>or</u> telephone, <u>facsimile</u> <u>or</u> electronically as soon as possible, within 7 days)
690.720	Tuberculosis (Repealed)
690.725	Tularemia (Reportable by <u>mail--or</u> telephone immediately <u>as-soon-as-possible</u> , within 3 hours <u>7-days</u>)
690.730	Typhoid Fever (Reportable by telephone as soon as possible, within 24 hours)
690.740	Typhus (Reportable by telephone as soon as possible, within 24 hours)
690.750	Pertussis (Whooping Cough) <u>pertussis</u> (Reportable by telephone as soon as possible, within 24 hours)
690.752	Yersiniosis (Reportable by mail, <u>telephone</u> , <u>facsimile</u> <u>or</u> electronically, within 7 days)
690.800	Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours)

SUBPART D: DEFINITIONS

Section
690.900

Definition of Terms

SUBPART E: GENERAL PROCEDURES

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

Section
690.1000 General Procedures for the Control of Communicable Diseases
690.1010 Incorporated Materials

SUBPART F: SEXUALLY TRANSMITTED DISEASES (Repealed)

Section
690.1100 The Control of Sexually Transmitted Diseases (Repealed)

SUBPART G: PROCEDURES FOR WHEN DEATH OCCURS FROM COMMUNICABLE DISEASES

Section
690.1200 Death of a Person Who Had a Known or Suspected Communicable Disease
690.1210 Funerals

EXHIBIT A Typhoid Fever Agreement (Repealed)

AUTHORITY: Implementing the Infant Eye Disease Act [410 ILCS 215] and the Communicable Disease Report Act [745 ILCS 45], and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

SOURCE: Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg. 16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 633, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10040, effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 24 Ill. Reg. _____, effective _____.

SUBPART A: REPORTABLE DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions

The following are declared to be contagious, infectious, communicable and dangerous to the public health and each suspected or diagnosed case shall be reported to the local health authority who which shall subsequently report each case to the Illinois Department of Public Health. This listing includes those diseases and conditions reportable because of classification as communicable or sexually transmitted. Communicable diseases and conditions are reportable

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under this Part (77 Ill. Adm. Code 690) and sexually transmissible diseases and conditions are reportable under the "Control of Sexually Transmissible Diseases Code" (77 Ill. Adm. Code 693). (See Subpart B, Section 690.200.)

a) Class I(a)

The following diseases shall be reported immediately (within 3 hours) to the local health authorities who shall then report to the Department immediately (within 3 hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.

- 1) Anthrax 690.320
- 2) Botulism, foodborne 690.327
- 3) Plaque 690.570
- 4) Q-fever 690.595
- 5) Smallpox 690.650
- 6) Tularemia 690.725
- 7) Any suspected bioterrorist threat or event 690.800

b) Class I(b)

The following diseases shall be reported as soon as possible during normal business hours, but within 24 hours, to the local health authorities, who which shall then report to the Department as soon as possible, but within 24 hours. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable. This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.

- 1) **Anthrax** Section 690.320
 - 1) Any unusual case or cluster of cases that may indicate a public health hazard 690.327
 - 2) Botulism, infant, wound, and other 690.360
 - 3) Cholera 690.370
 - 4) Diarrhea of the newborn 690.380
 - 5) Diphtheria
 - 6) Enteric Escherichia coli infections (E. coli: 0157:H7 and other enterohemorrhagic, enterotoxigenic E. coli, enteropathogenic E. coli) 690.400
 - 7) Foodborne or waterborne illness 690.410
 - 8) Haemophilus influenzae, meningitis and

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- other invasive disease
 9) Hemolytic uremic syndrome, post-diarrheal
 10) Hepatitis A
 11) Measles
 11.6) Meningitis-and-other-invasive-disease-due-to-Neisseria meningitidis-or-Haemophilus-influenzae
 7) Neisseria meningitidis, meningitis
 12) Neisseria meningitidis, meningitis
 and invasive disease
 8) Pertussis
 13) Pertussis (whooping cough)
 14) Polymyositis
 15) Rabies, human
 15.1) Serratia
 16) Rubella (German Measles) (including Congenital Rubella Syndrome)
 17) Staphylococcus aureus (infections with intermediate or high level resistance to vancomycin)
 18) Streptococcal infections, Group A, invasive (including toxic shock syndrome) and sequelae to Group A streptococcal infections (rheumatic fever, acute glomerulonephritis and scarlet fever)
 20) Typhoid fever
 20.1) Typhoid fever
 21) Typhus
 22) Whooping-cough-(pertussis)

c) Class II

The following diseases shall be reported as soon as possible during normal business hours, but within 7 days, to the local health authority which shall then report to the Department within 7 days. The Section number associated with each of the listed diseases indicates the Part under which the diseases are reportable.

- 1) Acquired immunodeficiency syndrome (AIDS)
 2) Amebiasis*
 3) Animal-bites
 3.4) Blastomycosis
 4) Brucellosis
 5) Campylobacteriosis*
 6) Chancroid
 6.1) Chlamydia
 7) Chlamydia
 8) Chlamydia
 9) Cryptosporidiosis
 10) Cyclosporiasis

- 77-III-Adm--Code 693.20
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 690.310
 690.325
 690.330
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 690.368

77-III-Adm--Code-695.26

- 690.350
 690.365
 690.368

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- 11) Ehrlichiosis, human granulocytic
 12) Ehrlichiosis, human monocytic
 13) Encephalitis
 14) Escherichia coli-infections-due-to-serotype-0157:H7*
 15) Giardiasis*
 16) Gonorrhea
 17) Hantavirus pulmonary syndrome
 18) HIV-infection
 19) Hepatitis A-viral
 19.1) Hepatitis B
 19.2) Hepatitis C
 19.3) Hepatitis D
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 19.692) Hepatitis HY
 19.693) Hepatitis HZ
 19.694) Hepatitis IA
 19.695) Hepatitis IB
 19.696) Hepatitis IC
 19.697) Hepatitis ID
 19.698) Hepatitis IE
 19.699) Hepatitis IF
 19.700) Hepatitis IG
 19.701) Hepatitis IH
 19.702) Hepatitis II
 19.703) Hepatitis IJ
 19.704) Hepatitis IK
 19.705) Hepatitis IL
 19.706) Hepatitis IM
 19.707) Hepatitis IN
 19.708) Hepatitis IO
 19.709) Hepatitis IP
 19.710) Hepatitis IQ
 19.711) Hepatitis IR
 19.712) Hepatitis IS
 19.713) Hepatitis IT
 19.714) Hepatitis IU
 19.715) Hepatitis IV
 19.716) Hepatitis IW
 19.717) Hepatitis IX
 19.718) Hepatitis IY
 19.719) Hepatitis IZ
 19.720) Hepatitis JA
 19.721) Hepatitis JB
 19.722) Hepatitis JC
 19.723) Hepatitis JD
 19.724) Hepatitis JE
 19.725) Hepatitis JF
 19.726) Hepatitis J

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disease*

38) Streptococcal infections, group B, invasive disease, of the newborn

39) Streptococcus pneumoniae, invasive disease (including antibiotic susceptibility test results)

40) 377 Syphilis 690.678

41) 387 Tetanus 690.679

39) Toxic-shock-syndrome 690.695

40) Trachoma 690.700

42) 417 Trichinosis 690.710

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43) Tuberculosis 696.175

43) Typharia 696.175

43) Yersiniosis 696.175

*Cases and carriers (when carriers are required to be reported) of these diseases should be confirmed by appropriate laboratory tests before reporting.

c) The occurrence of any increase in incidence of disease of unknown or unusual etiology should be reported, with major signs and symptoms listed:

d) When an epidemic of a disease dangerous to the public health occurs, and present rules are not adequate for its control or prevention, more stringent requirements shall be issued by this Department.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.110 Diseases Repealed From This Part

The following diseases have been repealed from this Part set of regulations. Regulations governing reporting and control of these diseases are cited below.

a) Acquired immunodeficiency syndrome (AIDS)	693.20
b) AIDS related complex	Not Reportable
c) Animal bites	Not Reportable
d) Chancroid	693.20 Not Reportable
e) Gonorrhea	693.20
f) Granuloma inguinale	Not Reportable
g) Intestinal worms	Not Reportable
h) Lymphogranuloma venereum	Not Reportable
i) Meningococcemia	690.530
j) Ophthalmia neonatorum	693.20
k) Syphilis	693.20
l) Trachoma	Not Reportable
m) Tuberculosis	696.170

(Source: Amended at 24 Ill. Reg. _____, effective _____)

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SUBPART B: REPORTING

Section 690.200 Reporting

a) Reporting Entities and Manner of Reporting.

- 1) It shall be the duty of each of the following persons or any other person having knowledge of a known or suspected case or carrier of communicable disease or communicable disease death, to report within the time frames set forth in Section 690.100 of this Part (except for sexually transmissible diseases that which are reportable under the "Control of Sexually Transmissible Diseases Code" (77 Ill. Adm. Code 693) and tuberculosis, which is reportable under the Control of Tuberculosis Code (77 Ill. Adm. Code 696)) the such case, suspected case, carrier or death:

- A) Physicians,
- B) Nurses,
- C) Nurse aides,
- D) Dentists,
- E) Health care practitioners,
- F) Laboratory personnel,
- G) School personnel,
- H) Long-term care personnel, Parenty
- I) Householder,
- J) Day care personnel.

2) Laboratories are required to report certain positive test results as specified in Subpart C of this Part.

3) The such reports shall be submitted by mail, telephone, facsimile or electronically telephone or in writing (see Section 690.100) to the local health authority (see definition of, Section 690.900) in whose jurisdiction the such reporter is located. Local health authorities receiving the such reports shall notify the local health authority where the patient resides within 3 hours (during normal business hours) following notification for Class I(B) diseases and within 7 days following notification for Class II diseases. When a case of infectious disease is reported from one local health authority's jurisdiction but resides in another's jurisdiction, a case transfer form supplied by the Department should be completed. The reporter shall cooperate in any case investigation conducted by health officials. If a known or suspected case or carrier of a reportable communicable disease is hospitalized or examined in a hospital or long-term care facility, it shall be the duty of the administrator of the health care facility to ensure the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.

b) Upon receipt of this such report, the local health authority shall forward a written copy to the Illinois Department of Public Health

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c) according to time frames specified in Section 690.100.

The report to the Illinois Department of Public Health shall provide the following information: name, age, sex, race, ethnicity, address of the case, and name of the attending physician (except for chickenpox). When requested, on forms provided by the Department, clinical and laboratory findings in support of the diagnosis and epidemiological facts relevant to the source and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information will be required.

d) Confidentiality.

- 1) It is the policy of the Illinois Department of Public Health to maintain the confidentiality of information that would identify individual patients.
- 2) Whenever any statute of this State or any ordinance or resolution of a municipal corporation or political subdivision enacted pursuant to statute or any rule or an administrative agency adopted pursuant to statute requires medical practitioners or other persons to report cases of communicable diseases, including including venereal disease, sexually transmitted diseases to any governmental agency or officer, such reports shall be confidential, and any medical practitioner or other persons making such report in good faith shall be immune from suit for slander or libel based upon any statements contained in such report. The identity of any individual contained in a report of communicable disease, sexually transmitted disease, venereal disease or foodborne, feed-borne illness or an investigation conducted pursuant to a report of a communicable disease, sexually transmitted disease, venereal disease or foodborne feed-borne illness shall be confidential and such identity shall not be disclosed publicly in any action of any kind in any court or before any tribunal, board or agency. (Communicable Disease Report Act; 1991-Rev-Stat-1991-ch--1167 par--497 [745 ILCS 43])

e) Section 8-2101 of the Code of Civil Procedure explains the confidential character of reports obtained for research projects (1991-Rev-Stat-1991-ch--1167, par--8-2101 [735 ILCS 5]). The Illinois Department of Public Health, and other agencies specified in this Section, may collect certain information and require reporting of certain diseases and conditions for research projects. The law provides for confidentiality of these such reports, prohibits disclosure of all data so obtained except that necessary for the purpose of the specific study, and provides that such data shall not be admissible as evidence, and that the furnishing of such information in the course of a research project shall not subject any informant to any action for damages.

f) When the Director determines that morbidity and mortality from a

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certain disease warrants study, the Director he may declare the such disease to be the subject of an emergency medical investigation a medical research project and require hospitals, physicians, etc., to submit such information, data and reports as are necessary for the purpose of the specific study. Because any unusual case or cluster of cases is reportable, the Such data so obtained shall be held confidential in accordance with the Communicable Disease Report Act [745 ILCS 43] Section-8-2101-of-the-Code-of-Civil-Procedure.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART C: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section 690.295 Any Unusual Case or Cluster of Cases That May Indicate a Public Health Hazard (Reportable by telephone as soon as possible, within 24 hours)

- a) A health care provider who identifies a single case of a suspected, rare infectious disease or a cluster of cases of unknown etiology, but which case or cluster of cases appears to be infectious in nature (other than colds, influenza or other common diseases) should report the case or cluster of cases to the local health authority.
- b) The local health authority should investigate these reports by:
 - 1) obtaining relevant medical information, including date of onset, signs and symptoms and laboratory test results obtained; and
 - 2) determining whether there is a common activity or exposure that might have led to the presumed infection.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.300 Amebiasis (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Incubation Period - Variable, from a few days to several months or years; commonly 2 to 4 weeks.
- b) Control of Case and Carrier.
 - 1) Isolation is required for patients while they are in health care facilities. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16).)
 - 2) Cases or carriers who are food handlers or in sensitive occupations may shall not return to their usual occupations after until three consecutive stool specimens taken not less than 24 hours apart are negative for trophozoites and cysts of *Entamoeba histolytica*; if antimicrobial treatment was given, specimens must be collected at least 24 hours after treatment has been

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completed was discontinued.

- 3) Concurrent disinfection of feces and articles contaminated with feces is required; disposal of excreta by sanitary sewer is appropriate; hand washing is required after use of the toilet defecation. (See Section 690.1000(e)(1).)
- 4) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste and hand washing after use of toilet.
- c) Control of Contacts. Household members and other suspected contacts should be tested for amebiasis. Household contacts who are employed as food handlers or in sensitive occupations and who test shall be tested for cysts and trophozoites of Entamoeba histolytica. if positive their occupations shall be restricted according to subsection (b)(2) of this Section.
- d) Sale of Food, Milk, etc. (see See Section 690.1000(f)).
- e) General Measures.
 - 1) Sanitary disposal of human feces.
 - 2) Safeguarding of water supplies.
 - A) Protect potable water supplies against fecal contamination.
 - B) Boil drinking water where necessary.
 - C) Chlorination is inadequate for destruction of cysts.
 - D) Filtration by a municipal system or by some selected portable units is the only effective treatment other than boiling.
- 3) Supervision of the general cleanliness and the personal health and sanitary practices of persons preparing and serving food in public eating places, especially moist foods eaten raw.
- 4) Education in personal cleanliness, particularly washing hands with soap and water after use of the toilet evacuation of the bowels. Supervision of persons incompetent in personal hygiene.
- 5) Avoidance of cross connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.
- 6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

- f) Laboratory Reporting. 6) Laboratories are required to report to the local health authority all patients from whom Entamoeba histolytica Entamoeba histolytica trophozoites or cysts have been identified or patients from whom antigen detection is positive.
- g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.310 Animal Bites (Reportable by mail or telephone as soon as

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possible, within 7 days) (Repealed)

- a) Reports. Every instance in which a person has been bitten by an animal or in which there is reason to suspect that the wet saliva has come in direct contact with fresh open or raw pre-existent abrasions or mucous membranes shall be reported on cards that are used for reporting communicable diseases.
- b) Investigations. All known instances of animal exposures described above are to be investigated promptly by the local health authority to determine whether or not antibodies treatment of the exposed person shall be recommended. (See subsection (d) of this Section "Rationale of Treatment.")
- c) Rationale of Bites
 - 1) Immediate and thorough local treatment of all bite wounds and scratches is the most effective means of preventing rabies. The incidence of rabies in animals can be markedly reduced by local therapy. First aid treatment should be carried out immediately by flushing the bite wound thoroughly with soap and water.
 - 2) Under the direction of a physician the wound should be thoroughly flushed with soap solution. Tetanus prophylaxis and measures to control bacterial infection should be initiated as indicated.
- d) Rationale of Treatment

Every exposure to possible rabies infection must be individually evaluated. In the United States the following factors should be considered before specific antirabies treatment is initiated:

 - 1) Species of biting animal. Carnivorous animals (especially skunk, fox, coyote, raccoon, unvaccinated dogs and unvaccinated cats) and bats are more likely to be infected than other animals. Bites of rabbits, squirrels, chipmunks, rats and mice seldom if ever call for rabies prophylaxis.
 - 2) Circumstances of biting incident. An unprovoked attack is more likely to mean that the animal is rabid. Bites during attempts to feed or handle an apparently healthy animal should generally be regarded as provoked.
 - 3) Type of exposure. Rabies is transmitted by inoculation of infectious saliva through the skin or mucous membranes; thus the likelihood that rabies infection will result from exposure to a rabid animal varies with the nature and extent of the exposure.
 - 4) Vaccination status of biting animal. A currently immunized animal has only a minimal chance of developing rabies and transmitting the virus.
 - 5) Presence of rabies in region
 - A) If adequate laboratory and field records indicate that there is no rabies infection in a domestic species within a given region, local health officials are justified in considering this in recommendations on antirabies treatment following a

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bite-by-that-particular-species:

b) Prophylaxis---is---studies---more---fully---in---rabies
Prevention-United---States---1993---Recommendations-of-the
Immunization-Practices-Advisory-Committee---available---from
the-Department-(See-Section-690-1010(a)(12))

c) Control-of-Biting-Animals-(See-Section-690-1010(a)(12))

f) 1991-ch-8-par-35-[§10-16B-§7]

g) A healthy pet dog or cat that bites a person should be confined

and observed by a veterinarian for 10 days from the date of the

bite--Dogs which had been legally vaccinated at the time of the

bite may usually be confined at home--Any illness in the biting

animal should be reported immediately to the local health

authority and evaluated by a veterinarian--Early signs of rabies

in wild animals cannot be interpreted reliably--Therefore, any

such animal that bites or scratches a person should be killed--at

once--(without unnecessary damage--to--the--head--and--the--brain

examined for evidence of rabies)

2) Educate the public in the necessity of complying with

restrictions on dogs and other pets of having them vaccinated

of seeking immediate medical attention for a bite or wound

inflicted by an animal and of confining the biting animal--the

prompt reporting of bites to the local health authority is also

very important

3) It should be required that all dogs in congested areas be kept on

a leash at all times when not confined to their owner's fenced

property or home--Ownerless dogs should be disposed of by local

animal control units

4) Preventive vaccination of dogs in accordance with the Animal

Control Act is required

5) Close cooperation should be established between the local health

authority and the county animal control administrator

(Source: Repealed at 24 Ill. Reg. _____, effective

_____)

Section 690.320 Anthrax (Reportable by telephone immediately as soon as

possible, within 3 24 hours)

a) Incubation Period - 2 to 7 days; most cases occur within 48 hours

following exposure.

b) Control of Case.

1) Isolation is required until lesions have healed. (See

drainage/secretion precautions or disease-specific precautions in

Section 690.1010(a)(1), or equivalent isolation procedures in

Section 690.1010(a)(16)).

2) Concurrent disinfection of discharges from lesions is required.

Spores can be killed only by special measures such as steam under

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pressure or incineration (only in facilities approved for the

disposal of hazardous biological agents).

3) Terminal cleaning (see Section 690.1010(a)(2)) is required.

c) Control of Contacts. No restrictions if patient is properly isolated.

d) General Measures.

1) A search should be made for history of exposure to infected

animals or animal products and trace to place of origin.

2) Individuals should avoid contact with animal hide and hair

products imported from anthrax endemic countries.

3) Animals suspected of being ill with anthrax should be isolated

immediately in the care of a veterinarian and the presence of

this disease in animals should be reported to the Illinois

Department of Agriculture. Post-mortem examination of animals

should be made only by a veterinarian or in the presence of one.

4) Milk from an infected animal should not be used.

5) Effluents and trade wastes, and areas of land polluted by such

spore-infected hides or other infected hide and hair products are

known to have been worked up into manufactured articles should be

controlled and disinfected.

6) Special instruction should be given to all employees handling raw

hides in regard to the necessity of personal cleanliness. Every

employee handling raw hides, hair, or bristles who has recent

abrasion of the skin should report immediately to a physician.

7) Tanneries, and woolen mills, and factories or laboratories in

which work may involve exposure to anthrax should be equipped

with proper ventilating apparatus so that dust can be promptly

removed before reaching the respiratory tract of humans.

8) Inhalation anthrax cases should be reviewed carefully for

consideration of a bioterrorist event.

e) Laboratory Reporting. Laboratories are required to report to the

local health authority all patients from whom Bacillus anthracis

Bacillus anthracis has been isolated, or who have a positive

immunofluorescence test for anthrax or a positive immunotransblot for

anthrax.

f) Reporting of Cases. A narrative report and a morbidity card supplied

by the Department are required to be submitted on all cases by the

local health authority.

(Source: Amended at 24 Ill. Reg. _____, effective

_____)

Section 690.325 Blastomycosis (Reportable by mail, or telephone, facsimile or

electronically as soon as possible, within 7 days)

a) Incubation Period - Indefinite; probably a few weeks or less, to

months; for symptomatic infections, average is 45 days.

b) Control of Case.

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- 1) Isolation is not required.
- 2) Concurrent disinfection of sputum and discharges, and articles contaminated with sputum or discharges is required. (See Section 690.1000(e)(1)(A) through (E).) (See Section 690.1000(e)(2).)
- 3) Terminal cleaning is required. (See Section 690.1000(e)(2).)
- 4) A search for the source of infection is not advised unless a cluster of cases is identified.
- c) Control of Contacts. There are no restrictions on contacts.
- d) Laboratory Reporting General Measures. Laboratories are required to report to the local health authority patients from whom Blastomyces dermatitidis Blastomyces-dermatitidis is cultured or from whom there is identification of the yeast form of Blastomyces dermatitidis using potassium iodide stain.
- e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.327 Botulism, Foodborne, Infant, Wound, or Other (Reportable by telephone immediately, within 3 hours for foodborne or within 24 hours for other types)

- a) Incubation Period - 12 to 36 hours for foodborne.
- b) Control of Case.
 - 1) There are no restrictions on cases.
 - 2) Requests for botulinum antitoxin for treatment of suspected wound or foodborne botulism must be made through the Department to the Centers for Disease Control and Prevention. Administration of antitoxin to suspected infant botulism cases has little merit.
- c) Control of Contacts. People who also ate the incriminated food should be purged with cathartics, given gastric lavage, receive enemas and be kept under close medical observation.
- d) Investigation of Case.
 - 1) Look for additional cases.
 - 2) For foodborne botulism, the source food should be identified and submitted for testing. Home canned foods are often vehicles but almost any food maintained in an anaerobic state could be suspect.
- e) If a commercial product is implicated, it should not be consumed.
- f) General Measures.
 - 1) Infants should not be fed honey or corn syrup.
 - 2) Foods should be canned properly to destroy spores and toxin.
 - 3) All wounds should be thoroughly cleaned.
- g) Laboratory Reporting. Laboratories shall report to the local health authority all persons for whom this test was requested or any patient whose physician requests antitoxin for administration.

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- g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.
- (Source: Added at 24 Ill. Reg. _____, effective _____)
- Section 690.330 Brucellosis (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)**
- a) Incubation Period - Highly variable and difficult to ascertain; usually 5 to 60 days, occasionally several months.
 - b) Control of Case.
 - 1) Isolation is required until if draining lesions have healed are present; otherwise isolation is not required. (See drainage/section precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16).)
 - 2) Concurrent disinfection of body discharges is required. (See Section 690.1000(e)(1).)
 - c) Control of Contacts. There are no restrictions on contacts.
 - d) General Measures.
 - 1) Pasteurization of milk and milk products, whether from cows or goats. The public should be encouraged to consume only pasteurized dairy products, especially when traveling abroad.
 - 2) Search for infection among livestock and elimination of infected animals from the herd.
 - 3) Education of the public, and particularly workers in slaughter houses, packing houses and butcher shops, as to the nature of the disease, the mode of transmission, and the danger of handling carcasses or products of infected animals.

4+ Travelers abroad should be advised against the ingestion of unpasteurized dairy products including cheese.

- e) Laboratory Reporting.
 - 1) Laboratories are required to report to the local health authority all patients from whom Brucella Brucella species are isolated and all patients with positive serologic tests for Brucella Brucella.
 - 2) Laboratories shall forward isolates of Brucella to the Department's Laboratory for further identification.
 - f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.
- (Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile

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or electronically, within 7 days)

a) Incubation Period - 1 to 10 days, usually 2 to 5 days.

b) Control of Case.

1) Enteric precautions (see Section 690.1010(a)(1)) or any equivalent isolation procedures (see Section 690.1010(a)(16)) are required for hospitalized patients until clinical recovery (i.e., absence of diarrhea for 24 hours).

2) Concurrent disinfection of feces and articles in contact with feces. Handwashing is required after use of the toilet (see Section 690.1000(e)(1)).

3) Terminal cleaning is required (see Section 690.1000(e)(2)).

c) Control of Contacts. No restriction of contacts.

d) Sale of Food, Milk, etc. (see Section 690.1000(f)).

e) General Measures.

1) The public should be educated to thoroughly cook all foods derived from animal sources, especially poultry.

2) The public should be educated to avoid cross-contamination of cooked food with raw food.

3) Only pasteurized milk should be consumed.

4) Animals, such as young puppies with diarrhea, or poultry, can be sources of infection. Hands should be washed after contact with animal feces.

5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom campylobacter has been isolated.

g) Reporting of Cases. A morbidity card supplied by the Department is required to be submitted on all cases by the local health authority. An individual case report form is not required unless an outbreak occurs.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.350 Chickenpox (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - From 2 to 3 weeks; commonly 13 to 17 days. The incubation period may be up to 4 weeks if immune globulin has been administered.

b) Control of Case.

1) Children shall be excluded from school for a minimum of not-less than five days after the appearance of eruption or until vesicles become dry. In a health care facility, strict isolation (see Section 690.1010(a)(1)) is required until all lesions are

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Crusted.

2) Concurrent disinfection is required of articles soiled by discharges from the nose, throat and lesions. (see Section 690.1000(e)(1)).

c) Control of Contacts. No general restrictions. Susceptible except-that susceptible contacts in a health care facility should be quarantined, as necessary, until the incubation period has elapsed to prevent exposure of immunocompromised patients.

d) General Measures. Varicella vaccine is currently available and recommended for all children without contraindications between 12-18 months of age. It is also recommended for immunization of all susceptible children by age 13. Children who have not been immunized previously and who do not have a reliable history of chickenpox are considered susceptible.

e) Reporting of Cases. Uncomplicated cases shall be reported by the local health authority on the Department Summary Sheet by age, sex and week of onset. Cases with complications such as meningitis should be reported in more detail.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.360 Cholera (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - From a few hours to 5 days, usually 2 to 3 days.

b) Control of Case

1) Isolation is required until diarrhea ceases. See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16).

2) Return to Work Restrictions:

A) Cases who are food handlers or work-in-sensitive-occupations shall not return to their occupations until three consecutive release specimens of feces, collected at least 24 hours after discontinuation of antimicrobial agents cessation-of-antibiotics and at least 24 hours apart, are found to be negative for Vibrio cholerae Vibrio-cholerae.

B) Cases who have diarrhea and work in food handling or sensitive occupations should be restricted until diarrhea has ceased for at least 24 hours.

C) Cases who work in sensitive occupations, use universal precautions or any equivalent isolation procedure, and do not have diarrhea may return to work, but they must submit 3 consecutive specimens of feces which are found to be negative for V. cholerae, collected at least 24 hours after discontinuation of antimicrobial agents and at least 24 hours apart.

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3)2) Concurrent disinfection of feces, vomitus, and linens and other articles used by patients is required. Hand washing is required after use of the toilet defecation. (See Section 690.1000(e)(1).)

4)3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts. Observation of contacts is required during the period of household exposure and for five days after last exposure. ~~Contacts who are food handlers or in sensitive occupations and who have diarrhea shall not return to their occupations until diarrhea ceases.~~

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) There are no automatic restrictions from working for contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of cholera during the previous 4 weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks following notification.

C) If any of the 3 release specimens referenced in subsection (c)(1)(B) of this Section is positive for *Vibrio cholerae*, contacts shall be considered cases and will be required to comply with the requirements of subsection (b)(2) of this Section.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 3 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, are not required to stop working in their occupations, but must submit 3 release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If any of the 3 release specimens referenced in (c)(2)(A) or (c)(2)(B) is positive for *Vibrio cholerae*, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (See Section 690.1000(f)).

e) General Measures.

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1) The local health authority should educate the public about safe choices of food and drink when traveling to developing countries.

2) The local health authority should educate the public that raw seafood should not be brought home from developing countries.

3) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.

1)3) Laboratories are required to report to the local health authority all patients from whom *Vibrio cholerae* ~~*Vibrio cholerae*~~ has been isolated and are required to report positive serology results.

2)4) Laboratories are required to forward *Vibrio cholerae* isolates to the Illinois Department's Public-Health Laboratory for serotyping and toxin testing.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.365. *Cryptosporidiosis* (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period. The incubation period is not precisely known. The usual range is one to 12 days with an average of approximately 7 days.

b) Control of Case.

1) Enteric precautions or disease-specific precautions are required: (see Section 690.1010(a)(1)) or equivalent isolation procedures (see Section 690.1010(a)(16)) are required.

2) Cases with diarrhea may not be employed as food handlers or in sensitive occupations until diarrhea ceases (no diarrhea for 24 hours). No release specimens are required before returning to work for persons employed as food handlers or in sensitive occupations.

3) Concurrent disinfection of feces and articles soiled with feces is required. Hand washing after use of the toilet defecation is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts.

1) Household contacts and others in close contact with the case who have diarrhea should be tested for *Cryptosporidium*.

2) Contacts with diarrhea shall not be employed as food handlers or in sensitive occupations while they have diarrhea.

d) General Measures.

1) Provide education to the public about personal hygiene.

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- 2) Provide education to the public about avoiding contact with calves and other animals with diarrhea.
- 3) Filtration should be included in the treatment of public water supplies.

e) Laboratory Reporting. 4) Laboratories are required to report to the local health authority patients from whom *Cryptosporidium parvum* species has been identified, who have positive antigen detection, or who are polymerase chain reaction positive.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

- a) Incubation Period - 2 to 7 days.
- b) Control of Case.

1) Enteric precautions are not required.

2) No restrictions are required for food handlers or those in sensitive occupations. This infection is not believed to be transmitted person-to-person.

c) Control of Contacts.

1) No control of contacts is required.

2) Contacts who have had similar exposures as cases should see their physician if diarrhea develops.

d) General Measures.

1) An investigation to find a common food source should be initiated if multiple cases occur.

2) Produce should be purchased from safe sources and washed thoroughly before consumption.

3) The public should be educated regarding the importance of drinking or swimming in non-contaminated water, especially when traveling.

e) Laboratory Reporting. Laboratories are required to report to the local health authorities patients who have positive polymerase chain reaction or identification of *Cyclospora cayentanensis* oocysts.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Added at 24 Ill. Reg. _____, effective _____)

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Section 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours)

- a) Incubation Period - 12 to 72 hours.

b) Definition.

1) Any hospitalized neonate (infant 28 days of age or younger) having four or more loose or watery or otherwise pathological stools in 24 ~~twenty-four~~ hours, with or without weight loss, anorexia, and listlessness shall be considered to have diarrhea of the newborn. Such neonates shall be isolated immediately pending determination of the etiology of the diarrhea.

2) The occurrence in a maternity department of two or more cases of diarrhea of the newborn shall be considered epidemic diarrhea. A single case of diarrhea with a proven contagious etiological agent shall be considered epidemic diarrhea.

c) Control of Case.

1) Isolation is required pending determination of the etiology of the diarrhea. [See enteric precautions or disease-specific precautions in Section 690.101(a)(1), or equivalent isolation procedures in Section 690.101(a)(16).] The infected infant shall immediately be removed from the hospital nursery to isolation quarters and be cared for by separate nursing staff, skilled in isolation techniques, the members of which do not come in contact with other infants or children.

2) Immediate culture and examination of feces for specific bacterial and viral agents, and microscopic examination for protozoa and helminths, as indicated by the patient's clinical presentation, are required when the etiology is unknown.

3) Concurrent disinfection, with sanitary disposal of feces, is required. (See Section 690.100(e)(1)(2).)

4) Terminal cleaning is required. (See Section 690.1000 (e)(2)(2).)

d) Control of Contacts to Epidemic Diarrhea.

1) When only one case of diarrhea of the newborn has occurred, and the baby's mother has tested positive for the same organism causing illness in the baby, testing for the identified pathogen is required only of other babies that were in the nursery at the same time as the infected baby.

2) When multiple cases of diarrhea of the newborn have occurred, or when the source of the infected baby is most likely another infant or staff member, or when the etiologic agent is unknown:

- A) ~~Immediately close the involved nursery shall be closed~~ immediately to new admissions.
- B) Any infant transferred from the involved nursery to another part of the hospital or to another health care institution must be placed in enteric precautions or disease-specific precautions (see Section 690.101(a)(1)) or equivalent

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- isolation procedures (see Section 690.1010(a)(16)).
- C) The Reduce--the census in the involved nursery shall be reduced by discharge as rapidly as possible.
- D) All exposed infants in the involved nursery shall be cared for by a separate nursing staff skilled in isolation techniques. Particular emphasis should be placed on hand washing between contacts with infants.
- E) No new admissions may be made to the involved maternity department. A separate maternity section may be established for new maternity admissions upon approval by the Illinois Department of Public--Health.
- F) Bacteriologic or microscopic examination of stools, according to clinical indication, is required of all ill and exposed infants, mothers, attending physicians and maternity and nursery service personnel. Those persons found to harbor the suspected organisms or parasites shall be excluded from maternity, nursery and pediatric service until released by the Illinois Department of--Public--Health. Personnel who use universal precautions (see Section 690.1010(a)(2)) while caring for patients shall not necessarily be restricted from their occupations if they do not have diarrhea (see rules in this part specific to each etiologic agent). Health care workers shall be restricted from their occupations if they fail to begin submitting ~~specimens~~---required specimens within one week after notification. This occupational restriction shall terminate when required specimens are submitted, dependent upon the provisions of rules specific to each etiologic agent.
- G) Investigation shall be made of all infants discharged from the hospital in the period two weeks prior to the onset of the initial case to determine if additional cases have occurred.
- H) Maternity service may be renewed in the involved maternity section only after discharge of all contact infants and mothers and after terminal cleaning has been completed (see Section 690.1000(e)(2)).
- e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. The type of report form to be used will be determined based on the etiologic agent involved.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours)

- a) Incubation Period - Usually 2 to 5 days, occasionally longer.

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- b) Control of Case.
- 1) Isolation is required until two successive cultures from the nose and two successive cultures from the throat, taken not less than 24 twenty-four hours apart, are negative for diphtheria bacilli, or when a virulence test proves the bacilli to be avirulent.
 - 2) Cultures shall not be accepted for release from isolation until at least seven days have elapsed since the last use of chemotherapeutic or antibiotic agents.
 - 3) Specimens will be considered to be satisfactory only if they reach a laboratory acceptable to the ~~Illinois~~ Department of Public-Health within 48 forty-eight hours, and if growth of normal flora occurs.
 - 4) Concurrent disinfection is required of all articles soiled by discharges of the patient. (See Section 690.1000(e)(1).)
- 5) Terminal cleaning is required. (See Section 690.1000(e)(1).)
- c) Control of Contacts.
- 1) All contacts should be cultured from the nose and from the throat.
 - 2) All susceptible contacts shall be isolated.
 - 3) All contacts found to be carriers should be kept under quarantine and isolation until initiation of proper therapy, or until requirements in subsection Subsection (b)(1), (2) and (3) (above) are met.
 - 4) Contacts who are food handlers or in sensitive occupations shall not work in be excluded from these occupations until shown by two successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority.
- d) Control of Carriers.
- 1) Carriers discovered as the result of epidemiological follow-up of a known case shall be handled in the same manner as contact carriers. (See subsection Subsection (c)(3),r--above)
 - 2) Carriers discovered in another way (screening, etc.) may, if well, continue their normal occupation, unless they are food handlers or in sensitive occupations, until such time as the results of a virulence test are available. If the organism is found to be virulent, such carriers shall be handled as contact carriers. (See subsection Subsection (c)(4),r--above)
- e) Sale of Food, Milk, etc. (See Section 690.1000(f)).
- f) General Measures.
- 1) Diphtheria is a preventable disease. Children should be immunized prior to admission to any school or group-care setting. Susceptible individuals may be actively immunized by means of diphtheria toxoid. Non-immune individuals Not-immunes who rely on equine diphtheria antitoxin are subject to the risk of serum anaphylaxis. Therefore, all individuals should be actively immunized against diphtheria and the immunity should be bolstered by periodic booster inoculations.

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- 2) All infants should be given a series of three DPT (diphtheria - tetanus toxoid with pertussis vaccine combined) injections beginning at 2 - 3 months, with an interval of 6 - 8 weeks between injections.
- 3) A booster dose of DPT should be administered 1 year later and repeated when entering school.
- 4) Persons 6 years of age or older should be given tetanus-diphtheria combined toxoid either as a primary immunizing agent for diphtheria, or as a booster for diphtheria and tetanus.
- 5) Occasionally, in a non-immune individual who has been exposed, antitoxin will have to be used. This should be followed immediately with active immunization.
- 6) Isolates should be submitted to the ~~Illinois~~ Department's Department of Public Health Laboratory for toxicity testing.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.385 Ehrlichiosis, Human Granulocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)

- a) Incubation Period - 7 to 21 days after tick exposure.

b) Control of Case.

- 1) Isolation is not required.
- 2) Concurrent disinfection is not required.
- 3) Terminal cleaning is not required.
- 4) Ticks must be carefully removed from patient.

c) Control of Contacts. No quarantine required.

d) General Measures.

- 1) The local health authority should investigate cases to determine the location of their tick exposure (from 7 to 21 days prior to onset).

2) Persons should be educated about the importance of performing tick checks during and after outdoor activities.

3) The public should be educated in tick avoidance, use of tick repellents, proper removal of ticks and symptoms of tick-borne diseases.

e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who have positive serology, morulae in white blood cells or positive polymerase chain reaction for ehrlichiosis.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 24 Ill. Reg. _____, effective _____)

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Section 690.386 Ehrlichiosis, Human Monocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)

- a) Incubation Period - 7 to 21 days after tick exposure.

b) Control of Case.

- 1) Isolation is not required.
- 2) Concurrent disinfection is not required.
- 3) Terminal cleaning is not required.
- 4) Ticks must be carefully removed from patient.

c) Control of Contacts. No quarantine required.

d) General Measures.

- 1) The local health authority should investigate cases to determine the location of their tick exposure (from 7 to 21 days prior to onset).

2) Persons should be educated about the importance of performing tick checks during and after outdoor activities.

3) The public should be educated in tick avoidance, use of tick repellents, proper removal of ticks and symptoms of tick-borne diseases.

e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who have positive serology, morulae in white blood cells or positive polymerase chain reaction for ehrlichiosis.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.390 Encephalitis (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

Each case of acute encephalitis—whether acute-sub-acute-or-chronic should be reported at the time diagnosis is suspected and appropriate measures for an etiologic diagnosis should begin.

- a) Primary Infection Type.

1) Incubation Period - Usually 5 to 15 days for primary infectious types.

2) Control of Case.

A) Isolation is not required unless required for etiologic agent. Patient should be protected from contact with biting or sucking insects.

B) Concurrent disinfection is if dependent upon etiologic agent.

3) General Measures. Control measures will depend upon prompt reporting to the local health authority, and accurate etiologic diagnosis.

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- b) Post-infectious Type (specify pre-existing infection).
 1) Incubation Period - Occurs during course of, or following, specific infectious disease (e.g., measles, mumps, chickenpox, etc.) leading to the condition.
 2) Control of Case.
 A) Isolation is dependent upon primary disease.
 B) Concurrent disinfection is dependent upon primary disease.
 C) Terminal cleaning is dependent upon primary disease.
 3) Control of Contacts. There are no restrictions on contacts.
 c) Post-vaccinal Type (specify antigens responsible).
 1) Incubation Period - Uncertain, between 9th and 13th days in most instances.
 2) Control of Case and Contacts. No restrictions on case or contacts.
 d) General Measures. When cases occur during summer months, efforts should be made to obtain acute and convalescent serum specimens and cerebrospinal fluid for arbovirus antibody testing.
 e) Laboratory Reporting.
 1) Laboratories are required to report to the local health authority, encephalitis cases from whom a virus was cultured and patients with significant arbovirus antibody test results. Criteria for significance should be determined by each laboratory.
 2) Laboratories are required to submit virus isolates from encephalitis patients to the Illinois Department of Public Health for typing.
 3) When cases occur during summer months, efforts should be made to obtain acute and convalescent serum specimens for arbovirus antibody testing.
 f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____.)

Section 690.400 Enteric Escherichia coli *Escherichia coli* Infections (E. coli: Due-to-Serotype 0157:H7 and Other Enterohemorrhagic E. coli, Enterotoxigenic E. coli and Enteropathogenic E. coli)--Including Complications--Such As Hemolytic Uremic Syndrome (Reportable by mail or telephone as soon as possible, within 24 hours 7-days)

- a) Incubation Period - For E. coli 0157:H7, up to 8 7 days, commonly 3 to 4 days. For enterotoxigenic E. coli, from 10 to 72 hours.
 b) Control of Case.
 1) Isolation is required until diarrhea ceases for at least 24 hours ~~entire~~ recovery. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1) or equivalent isolation

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- Procedures in Section 690.1010(a)(16).
 2) Cases shall not work as food handlers until 2 consecutive negative stool release specimens are obtained at least 24 hours apart and not less than 48 hours after discontinuation of antimicrobial agents. Health care workers shall be restricted from work until diarrhea has ceased for at least 24 hours. Health care workers who use universal precautions, and who do not have diarrhea, shall not be restricted from their occupations, but must submit 2 consecutive negative stool release specimens obtained at least 24 hours apart and not less than 48 hours after discontinuation of antimicrobial agents. Health care workers will be restricted from their occupations if they do not begin submitting release specimens within 2 weeks after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission, or in sensitive occupations--when diarrhea is present.
 3) Concurrent disinfection of feces and articles soiled with feces is required. Handwashing is required after use of the toilet ~~defecation~~. (See Section 690.1000(e)(1)).
 4) Terminal cleaning is required. (See Section 690.1000(e)(2)).
 c) Control of Contacts. There are no restrictions on contacts--
 1) Contacts who Have Not Had Diarrhea During the Previous 4 Weeks.
 A) There are no automatic restrictions from working for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli or enteropathogenic E. coli during the previous 4 weeks.
 B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.
 C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli or enteropathogenic E. coli, contacts shall be considered cases and will be required to comply with the restrictions on returning to work in subsection (b)(2) of this Section.
 2) Contacts who Currently Have Diarrhea or Have Had Diarrhea During the Previous 4 Weeks.
 A) All contacts employed as food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as

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described in subsection (b)(2) of this Section.

- B) Health care workers who use universal precautions or any equivalent isolation procedures, and who do not currently have diarrhea, are not required to stop working at their occupations but must submit release specimens as described in subsection (b)(2) of this Section.
- C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.
- D) If either of the 2 release specimens referenced in (c)(2)(A) or (c)(2)(B) is positive for *E. coli* 0157:H7 or other enterohemorrhagic *E. coli*, enterotoxigenic *E. coli*, or enteropathogenic *E. coli*, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(1) of this Section.
- d) Sale of Food, Milk, etc. (see Section 690.1000(f)).
- e) General Measures.
- 1) The local health authority should educate the public about the need to thoroughly cook ground meat prior to ingestion to prevent infection by *E. coli* 0157:H7.
 - 2) Irradiation of beef and produce could reduce contamination by *E. coli* 0157:H7.
 - 3) The local health authority should educate the public that milk should be pasteurized before ingestion.
 - 4) Protect public water supplies from contamination by sewage and animal waste.
 - 5) Swimming pools should be chlorinated.
 - 6) Adequate hygiene in daycare, especially frequent handwashing, should be ensured.
 - 7) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.
- f) Laboratory Reporting.
- 1) Laboratories are required to report all patients with isolation of *Escherichia coli* 0157 or other enterohemorrhagic *E. coli* or shiga toxin producing *E. coli* to the local health authority.
 - 2) Laboratories are required to submit *E. coli* #~~0157~~ or other enterohemorrhagic *E. coli* or other shiga toxin producing *E. coli* isolates that are serotyped negative to the ~~titers~~ Department of Public Health laboratory for serotyping. When suspicious clusters occur, these isolates will be available if additional typing methods such as pulse field gel electrophoresis is considered necessary.
 - g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is

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identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.410 Foodborne or Waterborne Illness (Reportable by telephone as soon as possible, within 24 hours)

- a) Definition of Foodborne or Waterborne Illness: Foodborne and waterborne illnesses are caused by many different bacterial, viral, parasitic and chemical etiologic agents. Foodborne or waterborne illnesses usually produce gastrointestinal symptoms, but uncommon forms of foodborne or waterborne illness produce other symptoms. "Foodborne Pathogenic Microorganisms & Natural Toxins" ~~Disorders~~ **Transmitted by Food**, ~~Centers for Disease Control and Prevention~~ 1992 (Section 690.1010(a)(59)) lists most known causes of foodborne and waterborne disease. All causes of foodborne or waterborne illness specified in this Part listed in this publication are required to be reported.
- b) Investigation of Cases and Outbreaks.
- 1) All suspected or confirmed cases of foodborne or waterborne illness shall be investigated by the local health authority.
 - 2) Investigation of outbreaks shall conform to the following:
 - A) A central log should be maintained of all incoming complaints of ~~related~~ to illness suspected to be due to ingestion of food or water. The log should be reviewed at the time of each new entry to determine if there is a pattern of illness suggesting a public health threat.
 - B) When an outbreak is suspected, a small number of ill persons (approximately 10) with symptoms typical of the syndrome (or with diagnostic laboratory results) should be interviewed ~~for foods and drinks ingested for the 72 hours prior to the onset of symptoms~~. Case histories should include:
 - i) Date and time of onset of each person's illness.
 - ii) A comprehensive list of signs and symptoms of each ill person. The presence or absence of each sign and symptom should be noted on the interview form as well as the duration of each sign and symptom.
 - iii) All foods and drinks ingested (and their sources) during the 72 hours prior to onset of illness.
 - C) A hypothesis should be established regarding a suspect common source when histories indicate a majority of ill persons attended one or more common events or were exposed to a potential common source, and became ill with similar symptoms at approximately the same interval after exposure.
 - D) A questionnaire should be developed ~~constructed~~ for collecting information specific to each outbreak using

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restaurant menus, the list of foods and drinks served at a suspect function, etc. When using menus, include information about foods served with each menu item, appetizers, condiments available at the table, condiments ordered from the kitchen (sour cream, butter, etc.), type of salad dressing, ice ingestion, and all other choices available to diners. The questionnaire should require all interview subjects to answer specifically whether each item was ingested.

E) Case histories should be obtained from all ill persons and well persons, when possible. Interview each adult directly, not through a spouse or other household member. Children should be interviewed with the assistance of an adult. In interviewing--in person or by telephone interviews are preferred to mailed questionnaires. When available, the number of well persons interviewed should be approximately the same or more than the number of ill persons interviewed.

3) Specimens should be collected from a representative sample of cases, when practical, and tested to confirm the etiologic agent responsible for the outbreak.

4) Samples of implicated foods should be collected and tested, when practical, to identify the vehicle responsible for the outbreak.

5) A final report summarizing the findings of the investigation must ~~shall~~ be prepared by the local health authority using "Investigation of a Foodborne Outbreak", form number CDC 52.13, Rev. 9-89. This form is available from the Department.

c) Sale of Food, Milk, etc. (see Section 690.1000(f)).

d) General Measures.

1) Persons with diarrhea shall not work as food handlers and must abide by restrictions placed on food handlers specified in this part, specific to each etiologic agent.

2) Persons with pyogenic skin infections shall not work as food handlers.

3) Potentially hazardous foods shall be kept at temperatures below 45 degrees F (7 degrees C) or above 140 degrees F (60 degrees C), as appropriate, during display and service.

4) When outbreaks of foodborne or waterborne disease occur in commercial food service establishments, food handlers in the establishment where the outbreak occurred are considered to be contacts to cases and shall be subject to this part, specific to each etiologic agent.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.420 Giardiasis (Reportable by mail, or telephone or facsimile as soon as possible, within 7 days)

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a) Incubation Period - Variable, 5 to 25 days, sometimes longer.

b) Control of Case and Carrier.

1) Isolation is required until clinical recovery (i.e., absence of fever and diarrhea). [See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(16).]

2) Cases or carriers who work as food handlers or in sensitive occupations are prohibited from performing their job duties until 3 three consecutive release stool specimens, taken not less than 48 hours apart and at least 24 hours after discontinuation of an antimicrobial agent, are negative for trophozoites and cysts of *Giardia lamblia* ~~*Giardia lamblia*~~ or who are negative by antigen detection. Health care workers with diarrhea are restricted from their occupations until diarrhea has ceased for 24 hours. Health

care workers who use universal precautions (see Section 690.1010(a)(2)) and who do not have diarrhea are not required to cease their occupations, but must submit release specimens as described above. Health care workers shall be restricted from their occupations if they do not comply with submission of release specimens within two weeks after notification. This occupational restriction will terminate when specimens are submitted.

3) Concurrent disinfection of feces and articles soiled with feces is required unless disposal of excreta is by sanitary sewer; hand washing after use of the toilet ~~defecation~~ is mandatory. (See Section 690.1000(e)(1)).

4) Terminal cleaning is required (see Section 690.1000(e)(1)). Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste and hand washing after use of toilet.

5) Control of Contacts. Three specimens of feces shall be collected from household contacts who work as food handlers or in sensitive occupations and shall be examined for cysts and trophozoites of *Giardia lamblia*; those found to be positive will have their occupations restricted according to subsection (b)(2) of this Section.

6) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

a) There are no automatic restrictions from working for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of giardiasis during the previous 4 weeks.

b) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks following notification.

c) If any of the 3 release specimens referenced in subsection (c)(1)(B) of this Section is positive for giardiasis,

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contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

- 2) Contacts. Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) All contacts who work as food handlers or in sensitive occupations and currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions, and who do not currently have diarrhea, are not required to stop working in their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall not work in their occupations if they do not comply with submission of 3 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If any of the 3 release specimens referenced in (c)(1)(A) or (c)(2)(B) is positive for Giardia, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

- d) Sale of Food, Milk, etc. (See See Section 690.1000(f)).

1) General Measures.

1) Sanitary disposal of human feces.

2) Safeguarding of water supplies:

A) Protect potable water supplies against fecal contamination.

B) Boil drinking water where necessary.

C) Chlorination appears inadequate for destruction of cysts.

D) Filtration by a municipal system or by some selected portable units is the only effective treatment other than boiling.

E) Avoidance of cross connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.

3) Supervision of the general cleanliness and the personal health and sanitary practices of persons preparing and serving food in public eating places, especially where moist foods that are eaten raw are served.

4) Education on and personal cleanliness, particularly washing hands with soap and warm water after use of the toilet water--after evacuation--of-the-bowels. Supervision of persons incompetent in personal hygiene. This is especially important in daycare centers and in the institutional setting.

5) Maintain high index of suspicion in travelers returning from endemic areas.

6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged

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in day care centers and schools.

- f) Laboratory Reporting.

6) Laboratories are required to report to the local health authority cases patients in whom Giardia lamblia *Giardia-lambia* trophozoites or cysts are found in stool or by antigen detection.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card is required for the additional household cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.441. Haemophilus Influenzae, Meningitis and Other Invasive Disease (Reportable by telephone, within 24 hours)

- a) Incubation Period - Unknown, most likely 2 to 4 days.

b) Control of Case.

1) Respiratory isolation or disease-specific precautions (see Section 690.1010(a)(1)) are required until 24 hours after chemotherapy is started.

2) Concurrent disinfection is not required.

3) Terminal cleaning is not required.

c) Control of Contacts.

1) No restrictions.

2) Contacts under 6 years of age, infants in particular, should be observed for signs of illness, especially fever.

3) When a case of Haemophilus influenzae type b occurs, selective chemoprophylaxis may be desirable for household contacts in households in which there are other children under 12 months of age or children 1 to 3 years of age who are inadequately immunized against Haemophilus influenzae type b. Chemoprophylaxis is also recommended in daycare center classrooms where a case has occurred and children under 12 months of age have been exposed and children 12 to 24 months of age have been exposed and are inadequately immunized.

d) General Measures. All infants should be vaccinated against Haemophilus influenzae type b disease, in accordance with the latest recommendations of the Immunization Practices Advisory Committee (see Section 690.1010(a)(8)).

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority when Haemophilus influenzae (any type) has been cultured from a normally sterile site or positive antigen detection in cerebrospinal fluid.

2) Hospitals are also required to forward to the Department's laboratory all Haemophilus influenzae isolates from normally

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sterile sites for typing, unless the submitting laboratory has typed the organism.

- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.442. Hantavirus Pulmonary Syndrome (Reportable by mail, telephone, facsimile or electronically, within 7 days)

- a) Incubation period - 2 days to 2 months, usually 2 to 4 weeks.

b) Control of Case.

- 1) Isolation is not required.
2) Concurrent disinfection is not required.

3) Terminal cleaning is not required.

- c) Control of Contacts. No control of contacts required.

d) General Measures.

- 1) The local health authority should investigate cases to determine locations of rodent exposure in the 2 months before illness onset.
2) Rodents should be exterminated in and around households.

3) The public should be educated regarding rodent avoidance and rodent control.

- 4) Food should be stored under rodent-proof conditions.

5) Rodent-contaminated areas should be disinfected by spraying a disinfectant (such as dilute bleach) solution prior to cleaning. Rodent-contaminated areas should not be swept or vacuumed; a wet mop or towels moistened with disinfectant should be used.

e) Laboratory Reporting. Laboratories are required to report to the local health authority cases from whom a positive serology, positive polymerase chain reaction or positive immunohistochemistry have been identified.

- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.444. Hemolytic Uremic Syndrome, Post Diarrheal (Reportable by telephone, within 24 hours)

- a) Incubation Period - Variable, depending on type of infection that preceded the hemolytic uremic syndrome (HUS).

b) Control of Case. See applicable Section of this Part concerning the disease that preceded the HUS (Section 690.400 or 690.640).

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- c) Control of Contacts. See applicable Section of this Part concerning the disease that preceded the HUS (Section 690.400 or 690.640).

d) General Measures.

- 1) The public should be educated to thoroughly cook all foods derived from animal sources.

2) Persons should consume only pasteurized milk and dairy products.

3) Persons should be educated regarding the importance of good personal hygiene, including proper handwashing, particularly in daycare centers.

4) Persons should thoroughly wash produce prior to consumption.

5) Persons should be educated regarding the importance of safe drinking water and recreational water.

e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. The form to be completed will vary, depending on the type of infection that preceded the HUS.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.450. Hepatitis--Viral--(Hepatitis A--Hepatitis B--(Cases--and Carriers)--non-A/non-B-hepatitis--Hepatitis-Unspecified (Reportable by mail--or telephone as soon as possible, within 24 hours 7-days))

- a) Hepatitis-A
a)1) Incubation Period - Dose related; from 15 to 50 days, average 28 to 30 days.

b)2) Control of Case.

1)1) Enteric precautions, or disease-specific precautions (see Section 690.1010(a)(1)), or equivalent isolation procedures (see Section 690.1010(a)(16)) are required until two weeks after onset of initial symptoms or one week after onset of jaundice. Prolonged enteric precautions or an equivalent isolation procedure should be considered in an outbreak in a neonatal intensive care unit. Patients shall not work as food handlers or in sensitive occupations during the period when infection control precautions apply.

2)2) Concurrent disinfection of feces is required. Hand washing is required after use of the toilet defecation. (See Section 690.1000(e)(1).)

3)2) Terminal cleaning is not required.

c)3) Control of Contacts.

1)1) No restrictions. Quarantine is not indicated.

2)2) Passive immunization of contacts, including household contacts, who have been exposed in such a manner to allow for transmission of hepatitis A virus and who have not been vaccinated for hepatitis A should be started as early as possible, but within two weeks from the last exposure, with immune globulin, 0.01 ml.

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per lb. (0.02/Kg.) body weight. Immune globulin should also be administered to food handlers who have worked with a hepatitis A case who was a food handler. In a daycare center, immune globulin should be given to all classroom contacts. If the center admits children in diapers, immune globulin should be given to all potentially exposed children and staff in the center. Given intramuscularly within two weeks after exposure, this has been found effective in protection against hepatitis A with a vaccine for 6 to 8 weeks.

d) Sale of Food, Milk, etc. See Section 690.1000(f)).

e) General Measures.

1) The local health authority should educate the public about good sanitation and personal hygiene, with special emphasis on hand washing and sanitary disposal of feces.

2) The local health authority should educate food handlers about hand washing. Managers of restaurants and other food services should supervise the hand washing of food handlers.

3) Travelers to highly endemic areas may be given prophylactic doses of immune globulin, or, if time permits, may be given the hepatitis A vaccine series.

4) Local health authorities should educate the public that oysters, clams and other shellfish from contaminated areas should be thoroughly cooked before ingestion.

5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in daycare centers and schools.

6) Recommendations for hepatitis A vaccine are listed in the "Prevention of Hepatitis A Through Active or Passive Immunization" (see Section 690.1010(a)(1)).

f) Laboratory Reporting. B) Laboratories are required to report to the local health authority cases that patients who have been found positive for IgM-specific antibodies to the hepatitis A virus (anti-HAV IgM). B) Local health authorities should educate the public that oysters, clams and other shellfish from contaminated areas should be thoroughly cooked before ingestion.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case occurs in a household, only a morbidity card is required for subsequent cases.

b) Hepatitis B (Cases and Carriers)

1) Incubation Period. (for cases)---usually 45-to-180 days---average 60-to-90 days; variation may in part be related to size of inoculum.

2) Control of Cases and Carriers

a) Use universal precautions; blood and body fluid precautions; or disease specific precautions (See Section 690.1010(f)(1)) for body fluids and items exposed to body fluids--until disappearance of hepatitis B surface antigen--(HBsAg)--and

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appearance of hepatitis--B--surface antibody (anti-HBs) by serologic testing.

B) Concurrent disinfection is required of equipment contaminated with blood, saliva and semen. (See Section 690.1009(f)(1))

C) Germinal cleaning is not required.

3) Control of Contacts

A) No restrictions. Quarantine is not indicated.

B) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis as recommended by the Immunization Practices Advisory Committee (ACIP), U.S. Public Health Service Centers for Disease Control, in the publication "Protection Against Viral Hepatitis" (see Section 690.1010(f)(1)) and hepatitis B virus. A Comprehensive Strategy for Eliminating Transmission in the United States through Universal Childhood Vaccination" (See Section 690.1010(f)(1))

C) Infants should be given prophylaxis according to recommendations contained in the publications cited in subsection (b)(3)(b) of this Section.

4) General Measures

A) Pregnant women shall be tested for HBsAg during an early prenatal visit or when they present to a hospital for delivery if prenatal serologic results are not available.

B) Laboratories are required to report to the local health authority patients tested positive for HBsAg or IgM antibodies to hepatitis B core antibody.

C) Patients with a history of hepatitis B or a positive hepatitis B surface antigen test must never be blood donors. Health care providers shall refer pregnant women who are hepatitis B surface antigen positive to a local health authority for counseling and recommendations on testing and immunizing contacts within seven days after report of the test result.

D) The recommendations for preventing transmission of Human Immunodeficiency Virus and Hepatitis B virus to patients during exposure prone invasive procedures (see Section 690.1010(f)(9)) shall be followed.

C) Hepatitis viral unspecified

1) Control measures should be designed according to the etiology indicated by the epidemiological evidence.

2) Sale of Food, Milk, etc. (See Section 690.1000(f))

3) Hepatitis non-A/non-B

1) Incubation Period---is 64 days for A-like non-A/non-B hepatitis and 2 weeks to 6 months for B-like non-A/non-B hepatitis---the usual is 26-42 days for the former, and 6 to 9 weeks for the latter.

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2) Control-of-Cases

A) For-A-like--non-A/non-B--hepatitis--enteric-precautions-or-disease-specific-precautions--(see-Section-690.1010(a)(1)) are required-during-the-first-two-weeks-of-illness-or-during-the-first-week-after-onset-of-jaundice--por-B-like non-A/non-B-hepatitis--blood-and-body-fluid--precautions--or disease-specific-precautions--(see-Section-690.1010(a)(1)) are required-for-the-duration-of-illness;

B) Concurrent--disinfection--is--required--of--equipment contaminated-with--bloody--saliva; semen; feces; and urine (See-Section-690.1008(e)(1))

3) Control-of-Contacts

A) No-restrictions--Quarantine-is-not-indicated;

B) Immunization-of-contacts--is-not-indicated--No-vaccines exist--for--non-A/non-B--hepatitis--and--the--value--of commercially-available--immunoglobulins--has--not--been established;

4) General-Measures

A) Patients--with-a-history-of-hepatitis-non-A/non-B--should-not be-blood-donors;

B) Cases--should-be--investigated--to--determine--source--of infection;

e) Delta-hepatitis

A) Incubation-Period--Approximately--2-10-weeks--for-experimental infections-in-chimpanzees; not-firmly-established-in-man;

2) Control-of-Cases

A) Blood--and--body--fluid--precautions--or--disease-specific precautions--(see-section-690.1010-(a)(1))--are-required-until disappearance--of--HbsAg--and--appearance--of--anti-HBs--by serologic-testing

B) Concurrent--disinfection--is--required--of--equipment contaminated-with--bloody--saliva--and--semen--(See-Section 690.1008(e)(1))

3) Control-of-Contacts

A) No-restrictions--Quarantine-is-not-indicated;

B) A-person-exposed-to-cases-and-carriers-of-delta-hepatitis should--be--given--prophylaxis--as--recommended--by--the Immunization-Practices-Advisory-Committee-(AEP)-B-S-Public-Health-Service--Centers-for-Disease-Control-in-the Publication--Protection--Against-Viral-Hepatitis--(see Section-690.1010(f)(3))

C) Infants--born-to--women-known-to-be-currently-infected-with the-delta-hepatitis-agent--should-be-given--prophylaxis according-to-recommendations-contained-in-the-publication cited-in-subsection-(f)(3)(B)-of-this-Section;

4) General-Measures

A) Patients--with-a-history-of-delta-hepatitis-or-whose-blood has-been-tested-positive-for-exposure-to-the-delta-agent

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must-never-be-blood-donors

B) Laboratories--are--required--to--report--to--the-local-health authority-patients-with-delta-hepatitis-igm-antibodies;

A) General-measures-for-hepatitis--are--found--in--the--Joint-Advisory Notice--Department-of-Labor/Department-of-Health-and-Human-Services HBV/HBV-Federal-Register-Vol-527-No-2487-Pp-41018-41033--October 30-1987--(See-Section-690.1010(a)(3))

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.451 Hepatitis B (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period (for cases) - Usually 45 to 180 days, average 60 to 90 days; variation may in part be related to size of inoculum.

b) Control of Cases and Carriers.

1) Use universal precautions, blood and body fluid precautions, disease-specific precautions or any equivalent isolation procedure (see Section 690.1010(a)(1) or 690.1010(a)(16)) for body fluids and items exposed to body fluids until disappearance of hepatitis B surface antigen (HBsAg) and appearance of hepatitis B surface antibody (anti-HBs) by serologic testing.

2) Concurrent disinfection is required of equipment contaminated with blood, saliva and semen (see Section 690.1008(e)(1)).

3) Terminal cleaning is not required.

c) Control of Contacts.

1) No restrictions. Quarantine is not indicated.

2) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis as recommended in the publication "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)) and "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination" (see Section 690.1010(a)(7)).

3) Infants born to HBsAg-positive mothers should be given prophylaxis according to recommendations contained in the publications specified in subsection (c)(2) of this Section.

d) General Measures.

1) Pregnant women should be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery. If prenatal serologic results are not available,

2) Health care providers shall refer pregnant women who are hepatitis B surface antigen positive to a local health authority for counseling and recommendations on testing and immunizing contacts within seven days after report of the test result.

3) Infants should be vaccinated for hepatitis B according to the publication "Hepatitis B Virus: A Comprehensive Strategy for

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Eliminating Transmission in the United States Through Universal Childhood Vaccination" (see Section 690.1010(a)(7)). These recommendations were revised in July 1999 by the American Academy of Pediatrics and the U.S. Public Health Service following concerns about the impact thimerosal (a form of ethyl mercury contained in some vaccines) may have on infants. These revised recommendations, which supported delaying hepatitis B vaccination from birth to 2-6 months of age for infants born to HbsAg-negative mothers, are temporary and will be removed when vaccine manufacturers replace thimerosal-containing vaccines with vaccines that do not contain thimerosal.

- 4) Persons at high risk should be vaccinated for hepatitis B according to the publication "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination" (see Section 690.1010(a)(7)).
- 5) Persons previously known to test positive for hepatitis B surface antigen must never donate blood for blood transfusion.
- 6) The "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 690.1010(a)(6)) shall be followed.
- e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who tested positive for HbsAg or IgM antibodies to hepatitis B core antigen.
- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.452 Hepatitis C Infection (Reportable by mail, telephone, facsimile or electronically, within 7 days)

- a) Incubation Period - 2 weeks to 6 months, usually 6 to 9 weeks.
- b) Control of Case.
 - 1) Use universal precautions (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(16)).
 - 2) Concurrent disinfection is required of equipment contaminated with blood (see Section 690.1000(e)(1)).
 - 3) Terminal cleaning is not required.
- c) Control of Contacts. No restrictions. Quarantine is not indicated.
- d) General Measures.
 - 1) Patients with a history of hepatitis C or a positive laboratory test for hepatitis C should be advised not to donate blood, body organs, other tissue or semen.
 - 2) Members of the public who may be recommended for testing are

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included in the "Recommendations for Prevention and Control of Hepatitis C Infection and HCV-Related Chronic Disease" (see Section 690.1010(a)(13)).

- e) Laboratory Reporting. Laboratories are required to report to the local health authority patients testing positive for hepatitis C by polymerase chain reaction, recombinant immunoblot assay or any other supplemental or confirmatory test that may be used.
- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on patients whose infections are verified by a supplemental or confirmatory test.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days)

- a) Incubation Period - 2 to 8 weeks for hepatitis D; 15 to 64 days for hepatitis E; unknown for other types of viral hepatitis.
- b) Control of Case.
 - 1) For hepatitis D same as Section 690.451(b).
 - 2) Control measures should be designed according to the etiology indicated by the epidemiological evidence.
- c) Control of Contacts.
 - 1) No restrictions and no quarantine are required for delta hepatitis.
 - 2) A person exposed to cases and carriers of delta hepatitis should be given prophylaxis as recommended in "Protection Against Viral hepatitis" (see Section 690.1010(a)(3)).
 - 3) Infants born to women known to be currently infected with the delta virus agent should be given prophylaxis according to "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)).
- d) General Measures. Patients with a history of delta hepatitis or whose blood has been tested positive for exposure to the delta agent must never be blood donors.
- e) Laboratory Reporting. Laboratories are required to report to the local health authority patients with delta hepatitis antibodies.
- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If a patient is found to be a carrier, only a morbidity card needs to be submitted.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.460 Histoplasmosis (Reportable by mail, or telephone, facsimile or

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electronically as soon as possible, within 7 days)

- a) Incubation Period - In reported epidemics, symptoms appear within 5 to 18 days after exposure, commonly 10 days.
- b) Control of Case
 - 1) Isolation is not required.
 - 2) Concurrent disinfection of sputum and articles soiled with sputum is required. (See Section 690.1000(e)(1).)
 - 3) Terminal cleaning is required. (See Section 690.1000(e)(2).)
- c) Control of Contacts. There are no restrictions on contacts.
- d) General Measures.

- 1) Household investigate-household contacts or occupational contacts who have systemic symptoms should be investigated. If multiple cases are identified, the local health authority should look for evidence of infection from a common environmental source.
- 2) Exposure minimize-exposure to dust and soil should be minimized around chicken coops and areas heavily contaminated with bird droppings. Dust should be controlled. Control--dust in enclosed areas by spraying with water or oil. Wear-mask-in-handling contaminated-dusts-and-soils.

- 3) An industrial hygienist or environmental engineering specialist and local health department should be consulted for environmental cleanup recommendations. Local health departments can consult with the Department's Environmental Health Division. Three applications-of-3%-formaldehyde-to-known-contaminated-areas-at-the-rate-of-1/3-gal--per-square-foot-per-application--will destroy-the-sporer.

- e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Histoplasma capsulatum Histoplasma-eggsusatum has been cultured. Laboratories are also required to report to the local health authority patients with a significant criteria for significance should be determined by each laboratory) positive histoplasma antibody test result.

- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

- a) tapeworms-(Tenebristis)-Beef-or-pork-tapeworms
 - 1) Incubation-Period--From-8-to-14-weeks
 - 2) Control-of-Case
 - A) Isolation-is-not-required-but-patients-with-y--soilum-shall be-excluded-from-food-handling-until-negative-for-y--soilum

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eggs:

- B) Concurrent-disinfection-is-required-by-sanitary-disposal-of feces--Por-y--soilum-rigid-sanitation-with-washing-of hands-after-defecation-and-before-eating
- C) Terminal-cleaning-is-not-required
- 3) Control-of-Contacts--There-are-no-restrictions-for-contacts
- 4) Sale-of-Food-Wilky-etc-(See-Section-690.1000(f))
- 5) General-Measures

- A) Avoid-ingestion-of-raw-or-undercooked-pork-or-beef

- B) Educate-the-public-not-to-contaminate-soil-with-feces-in rural-areas-Bury-hogs-access-to-lattines--of-human--feces--Cook-all-garbage-before-feeding-to-hogs

- C) Avoid-use-of-sewage-for-pasture-irrigation

b) Ascaris

- 1) Incubation-Period--Worms--reach-maturity--about-2-months-after embryonated-eggs-are-ingested-by-man
- 2) Control-of-Case
 - A) Isolation-is-not-required
- B) Concurrent-disinfection-is-required-by-sanitary-disposal--of feces

- C) Germinal-cleaning-is-not-required

- 3) Control-of-Contacts--There-are-no-restrictions-for-contacts

- 4) Sale-of-Food-Wilky-etc-(See-Section-690.1000(f))

- 5) General-Measures

- A) Proper-disposal--of--feces--and--prevention--of--soil contamination-near-houses-and-in-play-areas-of-children
- B) Proper-construction-of-rural-pipes-to-prevent--scattering of-ova-through-overflow

- C) Educate--all--persons--especially--children--in-proper-hand washing-practices

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 690.475 Legionnaires' Disease (Legionellosis) (Reportable by mail or telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Incubation period - 2 to 10 days, most often 5 to 6 days. With the Pontiac Fever form - 5 to 66 hours, most often 24-48 hours.
- b) Control of Case.
 - 1) Isolation is not required.
 - 2) Concurrent disinfection is not required.
 - 3) Terminal cleaning is not required.
- c) Control of Contacts.
 - 1) Quarantine is not indicated.
 - 2) Immunization of contacts is not indicated because there are no vaccines available.
- d) General Measures.

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1) The local health authority should investigate cases to determine potential common exposures.

2) Cooling towers should be drained when not in use.

3) Cooling towers should be cleaned periodically to remove scale and sediment and a biocide should be used to prevent the growth of slime-forming organisms.

e) Laboratory Reporting. 3) Laboratories are required to report to the local health authority patients from whom *Legionella* species is cultured. Laboratories are also required to report to the local health authority patients with a four-fold or greater increase in legionella antibody titer, a positive urine antigen test, or a positive polymerase chain reaction.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.480 Leprosy (Hansen's Disease) (infectious and non-infectious cases are reportable) (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - Ranges from 9 months to 20 years; average is 4 years for tuberculoïd leprosy and 8 years for lepromatous leprosy.

b) Control of Case.
1) No isolation is required for tuberculoïd leprosy. Contact isolation during hospitalization is required for lepromatous leprosy.

2) Infectious patients may return to school or work after continuous treatment for a specified period with antimicrobial agents. Infectious patients are non-infectious after three months of continuous treatment with dapsone or clofazimine or within three days of continuous treatment with rifampin.

3) Concurrent disinfection of discharges and articles soiled by nasal discharges of infectious patients is required. (See Section 690.1000(e)(1).)

4) Terminal cleaning (see Section 690.1000(e)(2)) is required.

5) Laboratories are required to report to the local health authority patients from whom *Mycobacterium leprae* has been identified.

c) Control of Contacts. There are no restrictions for contacts. However, contacts should be examined for secondary cases. Initial examinations should be made at time case is discovered and periodic examinations at yearly intervals thereafter for five years after last contact with an infectious case.

d) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom *Mycobacterium leprae* has been identified.

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e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.490 Leptospirosis (Reportable by mail, ~~or~~ telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - 4 Days to 19 days, usually 10 days.

b) Control of Case.

1) Universal precautions, blood and body fluid precautions, or disease-specific precautions (see Section 690.1010(a)(1)) or any other equivalent isolation procedure (see Section 690.1010(a)(16)) of blood and urine are required during hospitalization.

2) Concurrent disinfection of discharged urine is required. Where sewage disposal systems are adequate, urine may be discharged directly into sewers without preliminary disinfection. (See Section 690.1000(e)(1).)

3) Terminal cleaning is not required.

c) Control of Contacts. There are no restrictions on contacts.

d) General Measures.

1) If multiple cases are identified, the local health authority should look for evidence of infection from a common environmental source.

2) Protective use-protective boots and gloves should be used when there is contamination of area by urine from infected animals.

3) Rodents should be controlled control-rodents.

4) Infected Segregate---infected domestic animals should be segregated to avoid urine contamination of areas where persons work.

5) The Warn---the public should be advised not to swim against swimming in waters accessible to wild or domestic animals, particularly if they have skin abrasions.

6) The public should be advised to avoid taking untreated recreational water into their mouths or swallowing such water.

e) Laboratory Reporting. 5) Laboratories are required to report to the local health authority patients from whom *Leptospira* species has been cultured. Laboratories are also required to report to the local health authority patients with a significant (each laboratory will determine criteria for significance) antibody titer against leptospirins.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

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(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.495 Listeriosis (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Incubation Period - Variable; probably 3 to 70 days; average of 21 days.

b) Control of Case.

- 1) Enteric precautions, or disease-specific precautions (see Section 690.1010(a)(11)) or isolation procedures (see Section 690.1010(a)(16)) required until clinical recovery.

- 2) Concurrent disinfection is not required.

- 3) Terminal cleaning is not required.

c) Control of Contacts. No restrictions.

d) General Measures.

- 1) The local health authority should investigate clusters of cases to determine potential common exposures.

- 2) All dairy products, except those that are aged for 60 days or longer, should be pasteurized; soft cheeses made with unpasteurized milk have been associated with past listeriosis outbreaks.

- 3) Contamination of ready-to-eat foods by uncooked meats or poultry should be avoided.

- 4) The local health authority should educate the public that thorough reheating of potentially contaminated left over foods is advisable, because *Listeria monocytogenes* can multiply at refrigerator temperatures.

- 5) Pregnant women and immunocompromised individuals should be advised to eat only properly cooked meats and pasteurized dairy products. They should also avoid contact with potentially infective materials, such as aborted animal fetuses on farms.

e) Laboratory Reporting. 5) Laboratories are required to report to the local health authority patients from whom *Listeria monocytogenes* has been cultured from a normally sterile site.

- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.505 Lyme Disease (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Incubation Period - From 3-32 days after tick exposure for the appearance of erythema migrans (EM). In the absence of EM, incubation periods are extremely variable for early disseminated or later stage

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disease and signs and/or symptoms can appear weeks to months to years following *Borrelia burgdorferi* infection; objective diagnosis aids in eliminating other conditions and disorders manifesting the same symptoms as Lyme disease.

b) Control of Case.

- 1) Isolation is not required.
2) Concurrent disinfection is not required.
3) Terminal cleaning is not required.

- 4) Ticks must be carefully removed from the patient.

c) Control of Contacts.

- 1) Quarantine does not apply.

- 2) Immunization of contacts does not apply.

d) General Measures.

- 1) The local health authority should investigate cases to determine the source of their tick exposures.

- 2) The local health authority should be educated about tick avoidance and prevention measures for tickborne diseases, including use of tick repellents and proper removal of ticks.

- 3) The public should be educated as to the mode of transmission and methods of prevention of Lyme disease.

- e) Laboratory Reporting. 3) Laboratories are required to report to the local health authority patients from whom *Borrelia burgdorferi* has been cultured and patients with significant *Borrelia burgdorferi* enzyme immunoassay or immunofluorescent assay test result followed by a significant Western blot result (significance determined by the Second National Conference on Serologic Diagnosis of Lyme Disease, Section 690.1010(a)(17)).

- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.510 Malaria (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Incubation Period - Average 12 days for *Plasmodium falciparum* P-*falciparum*, 14 days for *P. vivax* P-*vivax* and *P. ovale* P-*ovale*, and 30 days for *P. malariae* P-*malariae*. With some strains of *P. vivax* P-*vivax*, there may be a protracted incubation period of 8 to 10 months. With infection by blood transfusion, incubation is usually short, but varies with the number of parasites in the transfused blood.

b) Control of Case.

- 1) Universal precautions, disease specific precautions (see Section 690.1010(a)(2)) or equivalent isolation procedures (see Section 690.1010(a)(16)) are required for the duration of the illness.

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- Patients should be in mosquito-proof areas at night.
- 2) Concurrent disinfection is not required.
 - 3) Terminal cleaning is not required.
 - c) Control of Contacts. There are no restrictions on contacts. If a history of needle-sharing is obtained from the case, all persons who share the equipment should be investigated and treated.
 - d) General Measures.

- 1) Known ~~Employ-known~~ effective measures against anopheline mosquitoes should be employed.
- 2) Sleeping screen-sleeping and living quarters should be screened; use-of mosquito nets and repellents should be used when applicable.
- 3) The Educate--the public should be educated as to the mode of transmission and methods of prevention of malaria.
- 4) Appropriate ~~prescribe-appropriate~~ chemoprophylaxis should be prescribed for all travelers to malarious areas.
- 5) Blood Question-blood donors should be questioned as to history of malaria or possible exposure to the disease.

e) Laboratory Reporting.

- 1) ~~6~~ Laboratories are required to report to the local health authority patients from whom Plasmodium species have been identified or for whom polymetase chain reaction is positive.
- 2) ~~7~~ Laboratories are required to forward to the ~~Illinois~~ Department's Department-of-Public-Health laboratory slides of blood specimens found to contain malaria parasites for speciation.
- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)

- a) Incubation Period - About 10 days, varying from 8 to 13 days, exposure to onset of fever; about 14 days until rash appears; uncommonly longer or shorter. Late measles immune serum globulin inoculation in attempted passive protection may extend incubation to 21 days.
- b) Control of Case.
 - 1) Respiratory isolation ~~isolation~~ is required in hospitalized patients from diagnosis until 4 days after appearance of rash. Children with measles should be kept out of school for at least 4 days after appearance of the rash.
 - 2) Concurrent disinfection is required of all articles soiled with secretions of nose and throat. (See Section 690.1000(e)(1).)
- c) Control of Contacts. Passive immunization in the form of immune serum

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globulin, 0.1 cc. per lb. of body weight, should be considered for all unimmunized susceptible close contacts to cases, especially infants under 1 year of age. When gamma globulin is used, it should be followed by active immunization as soon as possible (6-8 weeks). Live-virus vaccine, if given within 72 hours after exposure, may provide protection.

Measles Outbreak Control.

- 1) Personnel in each attendance center responsible for investigating absenteeism must report suspected cases of measles to the school principal or the school nurse immediately.
- 2) On the same day that a report of a suspected case of measles is received, school personnel shall conduct an inquiry into absenteeism to determine the existence of any other cases of the illness in the suspect case's class and school. Officials within 24 hours the--same--day to the local health authority, either a full-time official health department as recognized by the Illinois Department of--Public-Health or regional office of the Illinois Department of--Public-Health specifying the name, age, and sex of any case. The name of the case's private physician, if any, shall also be reported. The State state or local health department must be contacted by school personnel and involved in the investigation of the outbreak so that all necessary vaccination services are assured.
- 4) A notice must be sent home with each student who has not presented proof of immunity explaining that the student is to be excluded, effective the following morning, until acceptable proof of immunity is received by the school or until 21 days after the onset of the last reported measles case in--the--case-of--medical-or-religious-exemptions. Acceptable proof shall consist of:
 - A) A written record from the student's physician or a health professional which indicates dates of vaccination and type of vaccine administered; or
 - B) a statement from a physician indicating date when student had measles; or
 - C) a laboratory report indicating the student has a protective measles antibody titre of--1:16-or-greater as measured by a test with demonstrable reliability. the--hemagglutination-inhibition-test-for-a-comparable-test?
- e) General Measures. Active immunization should be given as soon as possible after 12 15 months of age, with a second dose given after 30 days or and--in--any--event prior to admission to any school or group-care setting. When measles is prevalent in a community, monovalent measles vaccine may be given to infants 6-11 months old at any time--beginning-at--age--six--months. When vaccine is if given prior to before the age of 12 15 months, a second dose must be given after 12 months of age and a third dose at school age it--should-be--repeated at--15--months-of-age.

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(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.530 Meningitis, Asptic (Including Arboviral Infections) and Other Invasive Disease Due to Neisseria meningitidis or Haemophilus influenzae (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days 24 hours) Meningitis Due to Other Bacterial Fungi and Protozoa, and Asptic Meningitis (Reportable by mail or telephone as soon as possible, within 7 days)

- a) Meningitis and Other Invasive Disease Due to Neisseria meningitidis
1) Incubation Period--Varies from 2 to 10 days; commonly 3 to 4 days.

2) Control of Case

- A) Respiratory isolation--(See Section 690.1010(a)(1))--is required until 24 hours after start of chemotherapy.
B) Concurrent disinfection of secretions of nose and throat is required--(See Section 690.1000(e)(1))
C) Terminal cleaning is required--(See Section 690.1000(e)(2))

3) Control of Contacts

- A) No restrictions.
B) Close clinical observation is the single most effective protective measure--Selective chemoprophylaxis may be desirable; the choice of agent should depend on the most recent available information regarding current sensitivity patterns and safety.

4) General Measures

- A) Overcrowding should be prevented in living quarters, working quarters, public conveyances, especially barracks, camps and ships.
B) Vaccination should be considered in selected outbreaks depending on serogroup of the agent and the latest information regarding efficacy.
C) Laboratories are required to report to the local health authority each patient from whom Neisseria meningitidis has been isolated from a normally sterile site.

- B) Laboratories are required to submit Neisseria meningitidis isolates to the Illinois Department of Public Health laboratory for serogrouping--unless the submitting laboratory has performed serogrouping on the organism.

- b) Meningitis and Other Invasive Disease Due to Haemophilus influenzae
1) Incubation Period--Unknown; most likely 2 to 4 days.

2) Control of Case

- A) Respiratory isolation or disease-specific precautions (See Section 690.1010(e)(1)) are required until 24 hours after chemotherapy started.

- B) Concurrent disinfection is not required.

- C) Terminal cleaning is not required.

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3) Control of Contacts

- A) No restrictions.
B) Observe contacts less than 6 years of age, especially infants, for signs of illness, especially fever.
C) Selective chemoprophylaxis may be desirable for household contacts in households where there are other children under four years of age, except in households where all children under four years of age are fully vaccinated against Haemophilus influenzae type b disease. Chemoprophylaxis is also recommended in day care center classrooms where a case has occurred and children under two years of age have been exposed.

4) General Measures

- A) All infants should be vaccinated against Haemophilus influenzae disease according to the latest recommendations of the Immunization Practices Advisory Committee--(See Section 690.1010(a)(1))

- B) Laboratories are required to report to the local health authority patients from whom Haemophilus influenzae has been cultured from a normally sterile site. Hospitals are also required to forward to the Illinois Department of Public Health laboratory all Haemophilus influenzae isolates from normally sterile sites for typing, unless the submitting laboratory has typed the organism.

- C) Other Bacterial Fungal and Protozoal Meningitis (such as leptospirosis, histerial, pneumococcal, syphilitic, streptococcal, tuberculous, unspecified)--Laboratories are required to report to the local health authority patients from whom one of the above organisms was identified in cerebrospinal fluid.

- d) Asptic (Viral) groups--due to Coxsackievirus B9 and some other viruses (Agency Notes--Laboratory efforts to identify the etiologic agent should be made.)

- a) Incubation Period--Varies with the specific infectious agent.

b) Control of Case.

- 1) Isolation of all cases is required during febrile period. Enteric precautions (Section 690.1010(a)(1)) or equivalent isolation procedures (Section 690.1010(a)(16)) are indicated for 7 days after onset of illness unless a non-enteroviral diagnosis is established.

- 2) Concurrent disinfection is required of eating and drinking utensils and articles soiled by excretions and secretions of patient. (See Section 690.1000(e)(1).)

- C) Control of Contacts. There are no restrictions for contacts.

d) General Measures.

- 1) During summer months, cases should have acute and convalescent serum specimens collected and tested for arbovirus antibodies. Cerebrospinal fluid should also be submitted to the State laboratory for arboviral and enteroviral studies.

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2) An environmental investigation should be performed by the local health authority at sites of possible mosquito exposure of a case of California encephalitis to eliminate mosquito breeding sites, such as discarded tires.

3) Persons should be encouraged to use proper hand washing procedures.

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority meningitis patients from whom a virus was cultured.

2) Laboratories are required to submit virus isolates from meningitis patients to the Department's laboratory for typing.

3) Laboratories are required to report persons with suspected meningitis who also have pleocytosis of the cerebrospinal fluid, even in the absence of a positive culture. Local health authorities will then investigate to determine if the case represents a reportable form of meningitis or if additional specimens need to be collected to determine if the case may be an arboviral infection.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority for all reportable meningitis cases.

AGENCY NOTE: Laboratory efforts to identify the etiologic agent should be made.

A) Laboratories are required to report to the local health authority meningitis patients from whom a virus was cultured.

B) Laboratories are required to submit virus isolates from meningitis patients to the Illinois Department of Public Health laboratory for typing.

C) During summer months, cases should have acute and convalescent serum specimens collected and tested for possible antibodies.

(Source: Amended at 24 Ill. Reg. _____, effective _____.)

Section 690.550 Mumps (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - 12 to 26 days, commonly 18 days.

b) Control of Case.

1) Respiratory isolation and a private room are required for 9 days after salivary gland involvement. Exclusion from school or workplace is required until 9 days after salivary gland involvement, if susceptible contacts (those not immunized) are present.

2) Concurrent disinfection is required of eating and drinking utensils and of articles soiled with secretions of nose and

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throat. (See Section 690.1000(e)(1).)

c) Control of Contacts. Susceptible contacts should be excluded from school or the workplace from the 12th through the 25th day after exposure if other susceptible persons are present in those settings.

d) General Measures. Active immunization should be given as soon as possible after 12 1/2 months of age and may be given as part of a combination with measles (measles-mump-rubella (MMR) combined vaccine). Single antigen mumps or mumps/rubella may be given after 12 months of age.

(Source: Amended at 24 Ill. Reg. _____, effective _____.)

Section 690.555 Neisseria Meningitidis, Meningitis and Invasive Disease (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - Varies from 2 to 10 days, commonly 3 to 4 days.

b) Control of Case.

1) Respiratory isolation (see Section 690.1010(a)(1)) or an equivalent isolation procedure (Section 690.1010(a)(16)) is required until 24 hours after start of chemotherapy.

2) Concurrent disinfection of secretions of nose and throat is required and of articles contaminated with secretions of nose or throat. (See Section 690.1000(e)(1).)

3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

c) Control of Contacts.

1) There are no restrictions on contacts.

2) Close clinical observation is the single most effective protective measure. Daycare contacts to cases should be given chemoprophylaxis. Household contacts and people close enough to have had an exposure to the ill person's respiratory tract secretions should be given appropriate chemoprophylaxis. Selective chemoprophylaxis may be desirable in other situations. The choice of agent should depend on the most recent available information regarding current sensitivity patterns and safety. Local health authorities can be consulted about chemoprophylaxis recommendations.

d) General Measures.

1) Overcrowding should be prevented in living quarters, working quarters, and public conveyances, especially barracks, camps and ships.

2) The public should be educated about the need to reduce direct contact and exposure to droplets of respiratory tract secretions and to properly dispose of articles contaminated with nose or throat secretions.

3) Vaccination should be considered in selected outbreaks following guidelines in "Control and Prevention of Meningococcal Disease

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and Control and Prevention of Serogroup C Meningococcal Disease: Evaluation and Management of Suspected Outbreaks" (see Section 690.1010 (a)(1)(1)).

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority each patient from whom *Neisseria meningitidis* has been isolated from a normally sterile site and patients with a positive antigen test from cerebrospinal fluid.

2) Persons with physician diagnosed purpura fulminans shall also be reported to the local health authority.

3) Laboratories are required to submit *Neisseria meningitidis* isolates to the Department's laboratory for serogrouping, unless the submitting laboratory has performed serogrouping on the organism.

f) Reporting of cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.560 Ophthalmia Neonatorum (Conococcal) (Reportable by mail or telephone as soon as possible, within 7 days) [Repealed]

a) Incubation Period--Usually 36 to 48 hours.

b) Control of Case
1) Isolation is required for the first 24 hours after administration of antibiotic.

2) Concurrent disinfection is accomplished by care in disposal of conjunctival discharges and articles soiled therewith. (See Section 690.1000(e)(1)).

3) Terminal cleaning is required. (See Section 690.1000(e)(2)).

c) Control of Contacts--There are no restrictions for contacts.

General Measures: It shall be the duty of any physician, midwife or nurse who attends or assists at the birth of a child, to instill or have instilled in each eye of the newborn baby as soon as possible and not later than one hour after birth, a one-percent (1%) solution of silver nitrate or some other equally effective prophylactic for the prevention of ophthalmia neonatorum approved by the State Department of Public Health. (Section 2 of the Infant-Bye Disease Act (410 ILCS 215/2)).

The Illinois Department of Public Health approves--a--silver nitrate solution or ophthalmic ointment or drops containing tetracycline or erythromycin as a prophylactic for ophthalmia neonatorum.

It is the duty of all hospitals and places of childbirth to maintain such records of cases of ophthalmia neonatorum in the manner and form prescribed by the Department of Public Health.

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if gonorrhea is suspected, antepartum treatment of the mother is recommended.
4) She local health authority shall investigate the source of infection pursuant to the Control of Sexually Transmissible Diseases Code 77 Ill. Adm. Code 693.

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 690.570 Plague (Reportable by telephone immediately as soon as possible, within 24 hours)

a) Incubation Period--From 2 to 6 days in bubonic plague, 1 to 6 days in pneumonic plague; may be shorter, rarely longer.

b) Control of Case.

1) Placarding of premises is required if patient has household contacts.

1) Isolation is required. Hospitalize all patients. Cases and their clothing should be treated to get rid of fleas.

A) For patients with bubonic plague who have no cough and have a normal chest x-ray, drainage/secretion precautions or disease-specific precautions are required for 48 hours three days after start of chemotherapy. (See Section 690.1010(a)(1)).

B) For patients with pneumonic plague, strict isolation with precautions against airborne spread is required until 48 hours three full days of chemotherapy have been completed and the patient has a favorable clinical response. (See Section 690.1010(a)(1)).

C) Concurrent disinfection of sputum, purulent discharge and articles soiled with either of these substances is required. (See Section 690.1000(e)(1)).

D) Terminal cleaning is required. (See Section 690.1000(e)(2)).

E) Bodies of persons who have died with plague shall be handled with strict aseptic precautions. (See Section 690.1200.)

c) Control of Contacts.

1) Contacts to pneumonic plague cases shall be offered chemoprophylaxis and placed under surveillance quarantined for 7 days with close observation for developing illness. For contacts who refuse chemoprophylaxis, strict isolation is required for 7 days.

2) Contacts to bubonic plague shall be disinfected with appropriate insecticide powder and kept under surveillance for 7 days. Contacts to bubonic plague should be offered chemoprophylaxis.

d) General Measures.

1) Intensive flea control, followed by extermination of rats by

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poisoning and trapping and ratproofing in urban areas. Surveys and inspection in rural areas to detect sylvatic plague. Rodent control should be emphasized.

- 2) Active immunization with killed vaccine of travelers or workers in known infected areas repeated in 6 months if remaining in the area. Immunization alone must not be relied on while neglecting measures to control rats and fleas. Immunization upon arrival in infected country may be recommended.

- 3) Hunters should be cautious of being bitten by insects (particularly fleas) on from rabbits and other rodents which they may handle.

e) Laboratory Reporting.

1) Laboratories are required to report to the local health authority patients from whom Yersinia pestis ~~Yersinia-pestis~~ is cultured or patients with a positive antibody test.

- 2) Laboratories are required to submit Yersinia pestis isolates to the Department's Laboratory.

- f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.580 Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)

- a) Confirm etiologic agent by submitting fecal specimens for virus isolation, and acute and convalescent phase serum specimens to a laboratory acceptable to the Illinois Department of Public Health as soon as possible.

- b) Incubation Period - Commonly 7 to 12 days, with a range from 3 to 21 days.

- c) Control of Case.

1) Isolation at home is of little value because spread of infection is greatest in the prodromal period. Isolation procedures for hospitalized cases are stated in the latest edition of the manual entitled "CDC Guideline for Isolation Precautions: Isolation Techniques for Use in Hospitals" (see Section 690.1010(a)(1)). U.S. Department of Health, Education and Welfare, Public Health Service.

- 2) Concurrent disinfection is required of throat discharges, feces and articles soiled therewith. Where sewage disposal systems are adequate, feces and urine may be discharged directly into sewers without preliminary disinfection. (See Section 690.1000(e)(1).)

- d) Control of Contacts.

1) No restrictions. Keep susceptible children who are contacts under surveillance for two weeks from date of last exposure.

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- 2) Immunization of familial and other close contacts who have not previously been adequately immunized with polio vaccine ~~may~~ (trivalent oral polio vaccine) is indicated, even though the susceptible contacts ~~are~~ are in these groups have probably been infected by the time the disease is recognized. Children with limited exposure, such as exposure at school or to a neighbor, should be offered polio vaccine ~~may~~ if they have not previously received a complete course.

- e) General Measures.
- 1) Immunization with polio vaccine ~~may~~ should be performed as soon as possible after the age of two months. Children should be fully immunized prior to admission to any school or group-care setting.

- 2) See "General Recommendations on Immunizations" from the Centers for Disease Control and Prevention (CDC) (see Section 690.1010(a)(4)), reprinted in "Who Needs Them? Everybody!", Circular No. 1005.1, Illinois Department of Public Health.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.590 Psittacosis (Ornithosis) (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Incubation Period - 1 to 4 weeks ~~From 4 to 15 days; commonly 10 days.~~
- b) Control of Case.

- 1) Isolation is not required. Patients should cover their mouths when coughing.

- 2) Concurrent disinfection of oral and nasal secretions is required. (See Section 690.1000(e)(1).)

- 3) Terminal cleaning is required. (See Section 690.1000(e)(2).)

- c) Control of Contacts. There are no restrictions on contacts.

- d) Control of Infected Birds and Premises.

- 1) The local health authority should investigate the case's bird contact and provide this information to the Illinois Department of Agriculture.

- 2) Trace origin of infected birds. Laboratory examination is desirable.

- 3) Buildings housing infected birds should not be used by humans until thoroughly cleaned and disinfected.

- e) The following shall apply to the sale of birds within the State of Illinois:

- 1) All persons dealing in psittacine birds shall keep a record of each transaction for at least two years; such record shall include the number of birds purchased or sold, the date of the transaction, the number and address of the person or agency from whom purchased or to whom sold.

- 2) In addition to the above, such records shall include the type and

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period of treatment, antibiotic or other, which may have been administered, and records of all tests for psittacosis which may have been conducted prior to sale or exchange.

- 3) All records as described in subsections (e)(1) and (2) of this Section shall be available for official inspection at all times.
- f) The following U.S. Interstate Quarantine Regulations (21 CFR 1240.65) pertaining to the shipment and transportation of birds of the psittacine family shall be followed:
 - 1) The term psittacine birds shall include all birds commonly known as parrots, Amazons, Mexican double headed, African grays, cockatoos, macaws, parakeets, love birds, lorikeets, and all other birds of the psittacine family.
 - 2) No person shall transport, or offer for transportation, in interstate traffic, any psittacine bird unless the shipment is accompanied by a permit from the state health department of the state of destination, where required by such department.
 - 3) Whenever the Surgeon General finds that psittacine birds or human beings in any area are infected with psittacosis and there is such danger of transmission of psittacosis from such area as to endanger the public health, he may declare it an area of infection. No person shall thereafter transport, or offer for transportation, in interstate traffic any psittacine bird from such area, except shipments authorized by the Surgeon General for purposes of medical research and accompanied by a permit issued by him, until the Surgeon General finds that there is no longer any danger of transmission of psittacosis from such area. As used in this subsection (f)(3) paragraph, the term "area" includes, but is not limited to, specific premises or buildings.
 - 4) No permit, referenced in subsection (f)(2) of this Section, is required for the admission of psittacine birds into the State of Illinois by the Department.

- g) Laboratory Reporting. Laboratories are required to report to the local health department patients from whom Chlamydia psittaci ~~Chlamydia psittaceae~~ has been isolated and patients with significant antibody titers to this organism. Each laboratory will determine the definition of a significant titer.
- h) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.595. Q-fever (Reportable by telephone immediately, within 3 hours)

- a) Incubation Period - 2 to 3 weeks.
- b) Control of Case.
 - 1) No isolation required.
 - 2) Concurrent disinfection of sputum, blood and articles in contact

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with sputum or blood: 0.05% hypochlorite, 5% peroxide or a 1:100 solution of Lysol should be used.

- 3) Use precautions at postmortem examination of suspected cases in humans or animals.
- 4) The local health authority should investigate cases to determine history of contact with sheep, cattle or goats, parturient cats, consumption of raw milk, or contact with laboratory cultures of Coxiella burnetii.
- c) Control of Contacts. Immunization of contacts is unnecessary.
- d) General Measures.
 - 1) Pasteurized dairy products only should be consumed.
 - 2) Vaccination can be considered for those at high risk (laboratory workers working with C. burnetii, researchers working with pregnant sheep).
- e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom C. burnetii is isolated or who have positive serology for Q-fever.
- f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.600 Rabies, Human (Reportable by telephone as soon as possible, within 24 hours)

- a) Incubation Period - Usually 2 to 8 weeks, occasionally shorter or much longer; depends on extent of laceration, site of wound in relation to richness of nerve supply and distance from brain, amount of virus introduced, protection provided by clothing, and other factors.
- b) Control of Case
 - 1) Immediate transfer to a specialized hospital and consultation may be lifesaving.
 - 2) Universal precautions, contact isolation, or disease-specific precautions for respiratory secretions are required for duration of illness. A private room is required. (See Section 690.1010(a)(1).)
 - 3) Concurrent disinfection is required of saliva and articles soiled therewith. Immediate attendants must be provided with impervious gloves and protective gowns to avoid inoculation with patient's saliva. (See Section 690.1000(e)(1).)
 - 4) Terminal cleansing is required. (See Section 690.1000(e)(2).)
- c) Control of Contacts. Contacts who have open wound or mucous membrane exposure to the case's saliva shall be offered rabies prophylaxis.
- d) General Measures. See Section 690.601 (Rabies, Potential Human Exposure). See Animal Bites, Section 690-310.

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(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.601 Rabies, Potential Human Exposure (Reportable by telephone, within 24 hours)

- a) Reporting. Definition of exposed person to be reported:
- 1) Any contact (bite or non-bite) to a bat, or
 - 2) Any contact (bite or non-bite) to an animal that subsequently tests positive for rabies virus infection, or
 - 3) Anyone who was starved on rabies post-exposure prophylaxis, or
 - 4) Exposure to saliva from a bite, or contact of any abrasion or mucus membrane with brain tissue or cerebrospinal fluid of any suspect rabid animal. Exposure to healthy rabbits, small rodents, indoor-only pets or rabies-vaccinated dogs, cats or ferrets is excluded, unless the exposure complies with signs consistent with rabies.
- b) Investigations. All known instances of potential rabies exposure should be investigated promptly by the local health authority to determine whether rabies post-exposure prophylaxis for the exposed person should be recommended.
- c) Rationale of rabies post-exposure prophylaxis. Rabies post-exposure prophylaxis is discussed more fully in an Advisory Committee on Immunization Practices document incorporated in this Part (see Section 690.1010(a)(10)). Every exposure to a potentially rabid animal must be individually evaluated. The following factors should be considered:

- 1) Species of biting animal - carnivorous wild animals (especially skunks, foxes, coyotes, raccoons) and bats are more likely to be infected than other animals. A dog, cat or ferret that is current on its rabies vaccinations has only a minimal chance of developing rabies and transmitting the virus. Bites of rabbits, squirrels, chipmunks, rats, and mice seldom, if ever, call for rabies prophylaxis. Individuals exposed to birds, fish, amphibians or reptiles never require rabies post-exposure prophylaxis.
- 2) Circumstances of biting incident - an unprovoked attack by a dog or cat is more likely to indicate a rabies exposure. Bites during attempts to feed or handle an apparently healthy dog or cat should generally be regarded as provoked.
- 3) Type of exposure - rabies is transmitted by inoculation of infectious saliva or cerebrospinal fluid through the skin or mucus membranes. Bites from some species, such as bats, may go undetected due to small teeth size. Therefore, exposure of a sleeping person, or a person who is unable to describe an exposure to a bat, require that the exposed person be recommended for rabies post-exposure prophylaxis.

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- 4) Presence of rabies in terrestrial wild mammals in an area. If rabies virus is circulating in terrestrial wild mammals (as evidenced by animal rabies testing results) in a given area, the likelihood of rabies in unvaccinated domestic animals is increased and rabies post-exposure prophylaxis may be recommended.

- d) Control of biting animals. See the Illinois Animal Control Act [510 ILCS 51].

e) General Measures.

- 1) The public should be educated to avoid contact with wild, unfamiliar or stray animals, but if they do have exposure, they should seek medical attention.
- 2) The prompt reporting of animal bites to an animal control agency is important.
- 3) Animals should be vaccinated in accordance with local and State ordinances and laws.
- 4) The local health and local animal control authorities should closely cooperate on animal bite issues.
- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required by the local health authority for all potential exposures.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.610 Rocky Mountain Spotted Fever (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Incubation Period - From 3 to 14 days.
- b) Control of Case.
 - 1) Isolation is not required.
 - 2) Destruction of all ticks on patients.
- c) Control of Contacts. There are no restrictions for contacts.
- d) General Measures
 - 1) Tick-infested areas should be avoided; remove ticks should be removed from the body promptly avoiding crushing; protect hands should be protected when removing ticks from animals; use tick repellents should be used.
 - 2) For tick-infested ~~tick-infested~~ livestock and pets, ~~should-be-dipped-or-sprayed-or-treated~~ consult a veterinarian on tick-control Products.
 - 3) Persons becoming ill within two weeks after a tick bite should report the bite immediately to a physician.
 - e) Laboratory Reporting. 4) Laboratories are required to report to the local health authority patients with significant (each laboratory will determine criteria for significance) positive antibody test results showing evidence of infection with *Rickettsia rickettsii*, positive polymerase chain reaction, positive immunofluorescence or isolation of

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the organism *Rickettsia rickettsii*.

- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Incubation period - From 14 to 21 days; usually 18 days.
- b) Control of Case.
 - 1) Isolation is not required unless hospitalized. Isolation procedures for hospitalized cases are stated in the latest edition of the manual entitled CDC Guideline for Isolation Precautions in Hospitals (see Section 690.1010(a)(1)).
 - 2) Techniques for use in hospitals - U.S. Department of Health Education and Welfare, Public Health Service.
- c) Infants with congenital rubella syndrome may shed virus for months.
- d) Rubella cases should be isolated from pregnant females.
- e) Exclude from school or workplace for 7 days after rash onset.
- f) Control of Contacts. No restrictions.
- g) General Measures.
 - 1) Active immunization should be given as soon as possible after 12 to 35 months of age and may be when given as part of a combination with measles-mumps-rubella (MMR) combined vaccine. Single antigen rubella or mumps/rubella vaccine may be given after 12 months of age.
 - 2) See "General Recommendations on Immunization" from CDC (see Section 690.1010(a)(4)), reprinted in "Who Needs Them? Everybody", Circular No. 1005.1 Illinois Department of Public Health.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Incubation period - 6 to 72 hours, usually about 12 to 36 hours.
- b) Control of Case.
 - 1) Enteric precautions, or disease-specific precautions, or equivalent isolation procedures are required for hospitalized patients until clinical recovery (i.e., absence of fever and diarrhea). (See Section 690.1010(a)(1) and (a)(16).)

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- 2) Cases who are food handlers or in sensitive occupations shall not return to their usual occupation until 2 two consecutive specimens (release specimens) of feces taken not less than 24 72 hours apart are tested and found to be negative. Health care workers who have diarrhea are restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or any equivalent isolation procedure, and who do not have diarrhea, are not required to be restricted from their occupations, but must submit release specimens as described in this subsection (b)(2). Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. Specimens must be submitted to a laboratory acceptable to the Illinois Department of Public Health. There is some evidence to suggest that antibiotic treatment of intestinal salmonellosis prolongs rather than reduces the period of shedding; therefore, antibiotics should be used only for complications of salmonellosis such as septicemia or abscess. If an antimicrobial agent antibacterial treatment has been given, release specimens must be collected at least 48 hours after treatment was discontinued. Health care workers who use universal precautions and who do not have diarrhea are not required to cease their occupations but must submit release specimens as described above. Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.
- 3) Concurrent disinfection of body discharges is required. Hand washing is required after use of the toilet defecation. (See Section 690.1000(e)(1).)
- 4) Terminal cleaning is required. (See Section 690.1000(e)(2).)
- c) Control of Contacts.
 - 1) Contacts Who Have Not Had Diarrhea During the Previous 4 Four Weeks.
 - A) There are no automatic restrictions from working for contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of salmonellosis during the previous 4 four weeks.
 - B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 2 two release specimens within 2 two weeks following notification.

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C) If either of the 2 two release specimens referenced in subsection (c)(1)(B) of this Section is positive for *Salmonella* ~~*Salmonella*~~, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

2) Contacts who Currently Have, or Have Had, Diarrhea During Previous 4 Four Weeks.

A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 four weeks shall not work in continue their occupations until they have submitted 2 two stool specimens as described in subsection (b)(2) of this Section.

B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, are not required to cease their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 two release specimens within 2 two weeks of notification. This occupational restriction will terminate when specimens are submitted.

D) If either of the 2 two release specimens referenced in Subsection (c)(2)(A) or (c)(2)(B) is positive for *Salmonella* ~~*Salmonella*~~, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (see Section 690.1000(f)).

e) General Measures.

1) The public should be educated to thoroughly cook all foods derived from animal sources, particularly egg products, meat, poultry or pork dishes.

2) Pasteurized egg products should be used when preparing foods that require use of raw eggs or foods in which eggs would be pooled before cooking.

3) All food handlers should be instructed and supervised in hand washing.

4) The public should be educated about the risk of *Salmonella* from pets such as reptiles, chicks or ducklings. These types of pets should be avoided by families with young children and by immunocompromised persons.

5) Irradiation of meat may decrease the risk of *Salmonella*.

6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.

14) Laboratories are required to report to the local health authority

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patients from whom *Salmonella* has been isolated.

25) Laboratories are required to submit *Salmonella* isolates to the ~~Illinois~~ Department's Department of Public-Health Laboratory for serotyping.

g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority. If more than one case is identified in a household, completion of the morbidity card is all that is required for the additional household cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.640 Shigellosis (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - 12 hours to 7 days, usually one to 3 days.

b) Control of Case.

1) Enteric precautions, or disease-specific precautions, or equivalent isolation procedures (see Section 690.1010(a)(1) or (a)(16)) are required for patients in health care facilities until two negative fecal cultures are obtained.

2) Cases who are food handlers or in sensitive occupations shall not return to their usual occupations until 2 two consecutive specimens of feces, taken not less than 24 twenty-four hours apart, are found to be negative. Health care workers with diarrhea shall be restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or an equivalent isolation procedure and who do not have diarrhea shall not be restricted from their occupations, but must submit release specimens as described in this subsection (b)(2). Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. If an antimicrobial agent anti-bacterial treatment has been given, the specimens must be collected at least 48 hours after treatment was completed discontinued. If Cary-Blair media is used to transport the specimen, the specimen must arrive at the ~~Illinois~~ Department of Public-Health Laboratory or a laboratory acceptable to the Illinois Department of Public Health within 72 hours. Because of the fragility of the *Shigella* organism, specimens submitted using other transport media must arrive in a laboratory of the ~~Illinois~~ Department of Public Health or in a laboratory acceptable to the Illinois Department of Public-Health within 6 six hours after passage.

3) Concurrent disinfection of feces and articles soiled with feces

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is required. Hand washing after use of the toilet defecation is required. (See Section 690.1000(e)(1)).
 4) Terminal Cleaning is required. (See Section 690.1000(e)(2)).

c) Control of Contacts.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Four Weeks.

A) There are no automatic restrictions from working for contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of shigellosis during the previous 4 four weeks.

B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall be restricted from their occupations if they do not comply with submission of 2 two release specimens within 2 two weeks following notification.

C) If either of the 2 two release specimens referenced in subsection (C)(1)(B) of this Section is positive for Shigella Shigella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Four Weeks. All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.

A) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, shall not be restricted from their occupations but must submit release specimens as described in subsection (b)(2) of this Section.

C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.

D) If either of the 2 release specimens referenced in subsection (C)(2)(A) or (C)(2)(B) is positive for Shigella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.

d) Sale of Food, Milk, etc. (see See Section 690.1000(f)).

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e) General Measures.

1) Protection and purification of public water supplies.
 2) Supervision of hygienic practices, especially hand washing, of food handlers and young children.
 3) Sanitary disposal of human excreta.

4) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.

f) Laboratory Reporting.

14) Laboratories are required to report to the local health authority patients from whom Shigella has been isolated.

25) Laboratories are required to submit Shigella isolates to the Illinois Department of Public Health laboratory for serotyping. When suspicious clusters occur, these isolates will be available if additional typing such as pulse field gel electrophoresis is considered necessary.

g) Reporting of Cases. An individual case report form and morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.650 Smallpox (Reportable by telephone immediately as soon as possible, within 3 24 hours)

a) Incubation Period - From 7 to 17 days; commonly 10 to 12 days to onset of illness and 2 to 4 days more to onset of rash.

b) Cases will be isolated and investigated according to the provisions of Section 690.100(0).

c) Sale of Food, Milk, etc. (see See Section 690.1000(f)).

d) Reporting of Cases. A narrative report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.660 Staphylococcus Aureus Staphylococcus Aureus Infections Occurring In Infants Under 28 Days of Age Within a Health Care Institution or With Onset After Discharge (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

a) Incubation Period - Commonly 4 to 10 days, but disease may not occur until several months after colonization.

b) Control of Case.

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- 1) Contact isolation, or disease-specific precautions, universal precautions or equivalent isolation procedures are required for hospitalized patients. (See Section 690.1010(a)(1) or 690.1010(a)(16).)
- 2) Patients outside of a health care institution do not require special handling.
- 3) Concurrent disinfection of articles contaminated by infectious discharges is required. (See Section 690.1000(e)(1).)
- 4) Terminal cleaning is required. (See Section 690.1000(e)(2).)
- 5) If additional cases associated in place and time are identified, nursery personnel who provided care for affected infants should be screened and treated if positive.
- c) Control of Contacts. Hospital personnel with minor lesions, such as pustules, boils, abscesses, conjunctivitis, severe acne, otitis externa, or infected lacerations, shall not work in a newborn nursery.
- d) General Measures. 1) Strict adherence to hand washing of hospital nursery staff before contact with each infant is required.
- e) Laboratory Reporting. 2) Laboratories are required to report to the local health authority all infants less than 28 days of age from whom a clinically significant *Staphylococcus aureus* *Staphylococcus aureus* is isolated.
- f) Reporting of Cases. A morbidity card supplied by the Department is required to be submitted on all cases by the local health authority.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.661 *Staphylococcus Aureus* Infections with Intermediate or High Level Resistance to Vancomycin (Reportable by telephone, within 24 hours)

- a) Control of Case. Specific recommendations will be issued on a case-by-case basis.
- b) Laboratory Reporting.
 - 1) Laboratories are required to report to the local health authority patients from whom intermediate or high level vancomycin-resistant *Staphylococcus aureus* has been isolated.
 - 2) Isolates defined by hospital or commercial laboratories as vancomycin-resistant *Staphylococcus aureus* shall be forwarded to the Department's laboratory for confirmation (minimum inhibitory concentrations less than or equal to 4).
 - 3) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.670 *Streptococcal* Infections, (due to Group A streptococci,

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Invasive Disease (Including including Toxic Shock Syndrome) and Sequelae to Group A *Streptococcal* Infections (pharyngitis, rheumatic fever, acute glomerulonephritis, and scarlet fever and invasive disease) (Reportable by mail or telephone as soon as possible, within 24 hours 7 days)

The following apply to pharyngitis--or-skin-infections, with-or-without-scarlet fever-rash:

- a) Incubation Period - Short, usually 1 to 3 days; rarely longer.
- b) Control of Case.
 - 1) Drainage/secretion precautions, or universal precautions, disease-specific precautions or equivalent isolation procedures are required, but may be terminated after 24 hours' treatment with penicillin or other appropriate antibiotics. Antibiogram agent, provided treatment is continued for a minimum of 10 days to prevent rheumatic fever. (See Section 690.1010(a)(1) or (a)(16).)
 - 2) Concurrent disinfection is required of nose and throat secretions and all purulent discharges and articles soiled with these discharges. (See Section 690.1000(e)(1).)
 - 3) Terminal cleaning is required. (See Section 690.1000(e)(2).)
 - 4) The local health authority should be consulted regarding any identified cluster of cases, particularly in closed settings, such as a nursing home, for additional recommendations.
- c) Control of Contacts.
 - 1) There are no restrictions for contacts. Pharyngeal culture of symptomatic contacts. Under certain conditions pharyngeal cultures of asymptomatic individuals may be recommended.
 - 2) The local health department should be consulted on cases of fatal invasive Group A streptococcus, necrotizing fasciitis or toxic shock syndrome on a case-by-case basis for additional precautions.
- d) Sale of Food, Milk, etc. (See Section 690.1000(f)).
- e) General Measures. Educate the public about transmission.
- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.
- g) Laboratory Reporting. All isolates of *Streptococcus pyogenes* from a sterile site should be forwarded to the Department's laboratory.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.675 *Streptococcal* Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

- a) Control of Case.
 - 1) No special precautions.

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- 2) If multiple cases occur in a nursery, cohorting of infected and non-infected infants can be helpful.
- b) Control of Contacts. No control measures indicated.
- c) General Measures. Each hospital or primary medical provider should utilize a prevention strategy as outlined in "Prevention of Perinatal Group B Streptococcal Disease: A Public Health Perspective" (see Section 690.1010(a)(14)).
- d) Laboratory Reporting. Laboratories are required to report to the local health authority all patients under 3 months of age with Streptococcus agalactiae isolated from a normally sterile site.
- e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.678 Streptococcus pneumoniae, Invasive Disease (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

- a) Incubation Period - Not well determined, may be as short as 1 to 3 days.
- b) Control of Case.
- 1) In hospitals, standard precautions or equivalent isolation procedures should be used for patients (see Section 690.1010(a)(16)).
 - 2) Concurrent disinfection of discharges from nose or throat of pneumonia cases (see Section 690.1000(e)(1)).
 - 3) Terminal cleaning is required (see Section 690.1000(e)(2)).
- c) Control of Contacts.
- 1) No restrictions.
 - 2) In outbreaks in institutions or other closed population groups, immunization should be carried out unless the serotype causing the disease is not included in the vaccine.
- d) General Measures.
- 1) Avoid crowding, especially in institutions, barracks and ships.
 - 2) Immunization of high risk individuals is recommended according to "Pneumococcal Polysaccharide Vaccine" (Section 690.1010(a)(15)).
- e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Streptococcus pneumoniae has been isolated from a normally sterile site. The antibiotic resistance pattern and test method shall also be reported.
- f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Added at 24 Ill. Reg. _____, effective _____)

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Section 690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)

- a) Incubation Period - Commonly 4 days to 3 weeks, dependent on character, extent and location of wound; average 10 days. Most cases occur within 14 days, but may be longer.
- b) Control of Case. No restrictions.
- c) Control of Contacts. No restrictions.
- d) General Measures.
- 1) Active immunization with tetanus toxoid is recommended for infants as soon as possible after 2 two months of age. The product of choice is dependent upon the age of the patient. See "General Recommendations on Immunization" from CDC (see Section 690.1010(a)(4)), reprinted in "Who Needs Them? Everybody!", Circular No. 1005-1, Illinois Department of Public Health.
 - 2) Post-injury patients at risk should receive human tetanus immune globulin and/or toxoid according to the "Diphtheria, Tetanus and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures" (see Section 690.1010(a)(12)).
- Recommendations of the Immunization Practices Advisory Committee (ACIP), U.S. Department of Health and Human Services/Public Health Service.**

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.695 Staphylococcus Aureus Infection, Toxic Shock Syndrome (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Control of Case.
- 1) Isolation - Drainage/secretion precautions or disease-specific precautions are required for vaginal discharge and pus during the duration of illness (see Section 690.1010(a)(1)).
 - 2) Concurrent disinfection of purulent discharges and articles soiled with these discharges is required (see Section 690.1000(e)(1)).
 - 3) Terminal cleaning is required (see Section 690.1000(e)(2)).
- b) Control of Contacts - None.
- c) General Measures. Cases must be investigated to determine risk factors associated with disease.
- d) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.700 Trachoma (Repealed)

- a) Incubation Period--Five to 12 days (based on volunteer studies);
b) Control of Case
1) Isolation--is not required--Children with active lesions should be excluded from school unless under active therapy;
2) Concurrent disinfection--of eye discharges--and--contaminated articles--is required--(See Section 690.1000(e)(1))
c) Control of Contacts
1) No restrictions;
d) General Measures
1) Educate--public--especially women and children--against use of common toilet articles such as wash cloths and eye make-up.

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 690.710 Trichinosis (Trichinellosis) (Reportable by mail, or telephone, facsimile or electronically as soon as possible, within 7 days)

- a) Incubation Period - About 8 to 15 days after ingestion of contaminated meat; varies between 5 and 45 days.
b) Control of Case. There are no restrictions for cases.
c) Control of Contacts. There are no restrictions for contacts.
d) General Measures.

- 1) The local health authority should investigate the case's food history and identify possible sources of trichinella and should confiscate any remaining suspect food.
2) The Educate the public should be educated to cook all meat from wild carnivores, pork and pork products at a temperature allowing all parts of the meat to reach at least 171 degrees F (77 degrees C) or until meat changes from pink to gray, unless meat previously properly processed.
3) Attempt to identify the source for all cases trace each case to the farm where the infected swine originated.
4) Farmers Encourage farmers and hog raisers are encouraged to use standard swine sanitation practices, including control of rats and prevention of swine feeding on rats or swine carcasses.
5) Food Brg--food stores are urged to have separate grinding machines for beef and pork.
6) Irradiation of pork products could reduce the risk of trichinella.
e) Laboratory Reporting. 5) Laboratories are required to report to the local health authority persons from whom Trichinella spiralis trichinella-spiralis has been identified and patients with significant serologic test results. Each laboratory will determine a significant

serologic test result.
f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.725 Tularemia (Reportable by mail, or telephone as soon as possible immediately, within 3 hours 7 days)

- a) Incubation Period - 2 to 10 days, usually 3 days.
b) Control of Case.
1) Drainage/secretion precautions or disease-specific procedures for drainage from open lesions is required. (See Section 690.1010(a)(1).)
2) Concurrent disinfection of drainage from open lesions and conjunctivae, and articles contaminated with drainage is required. (See Section 690.1000(e)(1).)
3) Terminal cleaning is not required.
c) Control of Contacts. There are no restrictions for contacts.
d) General Measures.

- 1) The public should be educated to use impervious gloves when skinning or handling animals, especially rabbits.
2) The meat of wild rabbits and rodents should be thoroughly cooked before ingestion.
3) The public should be educated to avoid bites by flies, mosquitoes and ticks and to avoid handling ticks with bare hands these arthropods.
4) The public should be educated about the hazards of swimming in streams and ponds in areas where wild animal infection is known.

e) Laboratory Reporting. 5) Laboratories are required to report to the local health authority patients from whom Francisella tularensis Francisella-tularensis has been cultured and patients with significant (criteria for significance should be determined by each laboratory) serologic test result for tularemia.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.730 Typhoid Fever (Reportable by telephone as soon as possible, within 24 hours)

- a) Incubation Period - Dependent on size of infecting dose; usual range 1 to 3 weeks.

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b) Control of Case.

- 1) Enteric precautions, or disease-specific precautions (see Section 690.1010(a)(1)) or equivalent procedures (see Section 690.1010(a)(16)) are required during the acute illness. If the patient is not in a licensed hospital, conditions must be approved by the local health authority. After termination of the acute illness (absence of fever), cases may resume their usual activities after receiving education on transmission of the bacterium that causes typhoid fever from the local health authority, but shall not return to day care centers or to food handling or sensitive occupations until released according to subsection (b)(4) of this Section.
- 2) Concurrent disinfection of feces and urine and articles soiled by these excreta is required until the case is released by the local health authority. In communities with municipal sewage disposal systems, feces and urine may be discharged into sewers without preliminary disinfection. (See Section 690.1000(e)(1)). Hand washing after defecation is required.
- 3) Terminal cleaning is required. (See Section 690.1000(e)(2)).
- 4) The case will be released from enteric precautions when 3 ~~three~~ consecutive specimens of feces and urine, taken not less than 24 hours apart and preferably 30 days after onset, are negative for *Salmonella typhi* ~~*Salmoneilla--typhi*~~. The first release specimen shall be taken not less than 48 hours after completion of any antimicrobial agent. Each release specimen must be examined in a laboratory of the ~~Illinois~~ Department of Public Health or in a laboratory acceptable to the ~~Illinois~~ Department of Public Health within 48 hours after collection. Specimens of feces must show evidence of growth of normal flora. Health care workers with diarrhea will be restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or any equivalent isolation procedure, and who do not have diarrhea, shall not be restricted from their occupations, but must submit release specimens as described. Health care workers will be restricted from their occupations if they do not begin submitting release specimens within two weeks after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.
- 5) If any of the three release specimens from the case are positive and the patient is asymptomatic, the case shall be classified as a convalescent carrier providing the specimen was collected within 12 months following onset of symptoms.
- 6) If cases do not submit three consecutive negative specimens within 12 months following onset of illness according to this subsection (b), they will be classified as chronic carriers.

c) Control of Carriers.

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1) A chronic carrier is defined as:

- A) A person who excretes typhoid bacilli in feces or urine and had no symptoms of typhoid disease during the past 12 months, or
 - B) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of typhoid fever, or
 - C) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following cholecystectomy), but had no symptoms of typhoid disease during the past 12 months, or
 - D) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted 3 ~~three~~ negative specimens of feces and urine as described in subsection (b)(4) of this Section.
- 2) A convalescent carrier is defined as:
- A) A case of acute typhoid fever who has one or more positive cultures subsequent to clinical recovery, or
 - B) A person who is culture-positive for typhoid bacilli, as described above, and who has a history of acute typhoid within the previous 12 months.
- 3) A person found to be a chronic typhoid carrier is subject to the same regulations as cases, but may be granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Chronic typhoid carriers may not be employed as food handlers or in sensitive occupations (see Section 690.900) or attend group day care until released from the restrictions placed on chronic typhoid carriers (see subsection (c)(7) of this Section). The local health authority shall visit the carrier annually or as often as necessary to reiterate education about modes of transmission of the bacteria that causes typhoid fever. Carriers over age 70 and other carriers with infirm health shall be contacted every six months.
- 4) A person found to be a convalescent typhoid carrier may not resume his/her usual activities outside the home until granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Convalescent typhoid carriers may not work as food handlers or in sensitive occupations (see Section 690.900) or attend group day care until released from the restrictions on convalescent typhoid carriers (see subsection (c)(6) of this Section).
- 5) When a typhoid carrier (chronic or convalescent) requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted

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as a patient to assure that proper precautions are taken. A nurse, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Illinois Department of Public Health, at which time a care plan specific for each carrier will be developed.

- 6) A convalescent carrier may be released from modified isolation after submitting three consecutive negative specimens of feces and urine at intervals of not less than 30 days and within 12 months after onset. Collection, testing and transport of these specimens must conform to subsection (b)(4) of this Section.
- 7) A chronic carrier may be released from modified isolation after submitting three consecutive negative specimens of feces and urine collected and at least one specimen shall be collected after administering a saline cathartic. The post-cathartic specimen shall be collected from the second or third bowel movement after administering the cathartic. Specimens may not be taken within 48 hours after treatment with an antimicrobial agent, regardless of the reason for which the medication was prescribed. Testing and transport of specimens must conform to subsection (b)(4) of this Section.

- d) Control of Contacts to a Case.
- 1) Contacts to a case whose most likely source of infection is travel to a foreign country (usually a developing country) within 30 days prior to onset of symptoms are required to abide by the following.

- A) Members of households where these cases reside are not required to be tested for typhoid bacilli, except for household members who were also foreign travel companions of the case, unless the local health authority identifies specific risks for transmission within the household.
- B) Travel companions of such cases shall be tested, but need not restrict their occupations unless they had symptoms of typhoid fever during or subsequent to foreign travel.
- C) Travel companions who have had symptoms of typhoid fever shall not work as food handlers or in sensitive occupations or attend group day care (adult or child) until testing is completed.
- D) When testing is required in this subsection (d)(1), two specimens of feces and urine shall be collected not less than 48 hours apart. Other aspects of specimen collection, transport and testing shall conform with subsection (b)(4) of this Section.
- E) If persons required to be tested according to this subsection (d)(1) refuse to comply within two weeks after notification of this testing requirement, they will be

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restricted from their occupation, school attendance or day care attendance until compliance is achieved.

- 2) In tour countries to foreign countries (usually developing countries) in which typhoid fever has occurred, all members of the tour group shall be tested (see requirements for travel companions in subsections (d)(1)(B) through (E) of this Section).
- 3) Persons living in the household of cases whose source was in the United States are considered contacts to typhoid fever. Other persons outside the household who have had close contact with the case at a time when they could have been the source of infection for the case, or at a time when they may have been exposed to infection by the case, are also classified as contacts to typhoid fever.
- A) Contacts must submit two consecutive negative specimens of feces and urine, but need not curtail their usual activities, except they may not be employed in food handling or in sensitive occupations (see Section 690.900) or attend group day care (child or adult) until testing is completed.
- B) Collecting, testing and transport of specimens must comply with subsection (b)(4) of this Section.
- C) If persons required to be tested according to this subsection refuse to comply within two weeks after notification, they will be restricted from their occupations or school attendance until compliance is achieved.
- e) Control of Contacts to a Carrier. All persons living in the household of a newly identified chronic carrier and other contacts living outside the home must submit two consecutive negative specimens of feces and urine collected, tested and transported according to subsection (b)(4) of this Section. Persons employed in food handling or sensitive occupations shall not return to these occupations until this testing requirement has been fulfilled. Other persons need not have their usual activities curtailed. If persons required to be tested according to this subsection refuse to comply with this testing requirement within two weeks after notification, they will be restricted from their occupations, school attendance or day care (adult or child) attendance until compliance is achieved.
- f) Sale of Food, Milk, etc. (see Section 690.1000(f)).
- g) General Measures.
- 1) Travelers to developing countries should be educated about safe food and beverage ingestion.
- 2) Immunization against typhoid is advised for international travelers to endemic areas, especially if travel is likely to involve exposure to unsafe food or water.
- 3) Protection and purification of public water supplies; construction of safe private water supplies.
- 4) Sanitary disposal of human excreta.
- 5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged

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in day care centers and schools.

b) Laboratory Reporting.

14) Laboratories are required to report to the local health authority patients from whom *Salmonella typhi* has been isolated.

25) Laboratories are required to submit isolates to the Illinois Department's Department---of---Public---Health Laboratory for verification of results ~~typing~~.

1) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.740 Typhus (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - From 1 to --- 2 weeks, commonly 12 days.

b) Control of Case.
1) Isolation is not required after proper delousing for louseborne typhus. No isolation is required for murine typhus. ~~disinfection~~

2) Concurrent disinfection is accomplished by effective destruction of lice and fleas in the clothing and bedding of cases.

c) Control of Contacts.

1) Louse-infected susceptible contacts ~~susceptibles~~ exposed to typhus should have their clothing and bedding deloused and should be quarantined for 15 days, ~~but may be released~~ after application of insecticide with residual effect.

2) In cases of murine typhus, the premises around the patient should be searched for rodents.

d) General Measures.

1) Endemic flea-borne typhus fever is controlled by the destruction of rat fleas followed by rodent control measures.

2) The possibility of louse-borne typhus should be considered and public health officials consulted regarding control measures.

e) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - Commonly 7 days, almost uniformly within 10 days, and not exceeding 21 days.

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b) Control of Case.

1) Respiratory isolation is required for known cases until the patient has received at least 5 days of a minimum 14-day course of an antimicrobial agent. Isolation is ~~is-not-required-if-the-patient-is-receiving-or-has-received-adequate-antibiotic-therapy~~. The contagion usually disappears within 3 weeks after the onset of the paroxysmal cough, even if paroxysmal cough continues. The patient should be kept out of contact with susceptible unimmunized children.

2) Concurrent disinfection of discharges from nose and throat and articles soiled by them (see Section 690.1000(e)(1)).

3) Terminal cleaning is required (see Section 690.1000(e)(2)).

c) Control of Contacts.
Inadequately immunized household contacts under 7 years of age should be excluded from schools, daycare, and public gatherings for 14 days after last exposure or until the cases and contacts have received at least 5 days of a minimum 14-day course of an appropriate antimicrobial agent. ~~Susceptible-contacts-should-be-observed-and-should-be-treated-and-excluded-from-school-at-the-first-sign-of-respiratory-tract-disease-if-symptoms-occur-within-14-days-after-last-exposure-to-a-known-case-Chemoprophylaxis-should-be-considered-for-susceptible-contacts-under-5-years-of-age~~

d) General Measures. Active immunization is recommended for all children as soon as possible after the age of 2 two months. Immunization against pertussis is contraindicated in all children aged 6 years and older. See "General Recommendations on Immunizations" from CDC, (see Seer Section 690.1010(a)(6)), reprinted in "Who Needs Them? Everybody!", Circular No. 1005.1, Illinois Department of Public Health.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.752 Varicella (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period - 3 days to 7 days.

b) Control of Case.

1) Enteric precautions, disease specific precautions (see Section 690.1010(a)(1)) or equivalent procedures (see Section 690.1010(a)(16)) are required for hospitalized patients. Cases with diarrhea shall not attend a daycare center or other group settings until no diarrhea for 24 hours).

2) Cases who are employed as food handlers or in sensitive occupations (such as patient care or daycare) should be excluded from work until absence of diarrhea for at least 24 hours).

3) Concurrent disinfection of feces (see Section 690.1000(e)).

c) Control of Contacts. No search for unrecognized cases is needed

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unless a common-source exposure is suspected.

d) Sale of Food, Milk, etc. (see Section 690.1000(f)).

e) General Measures.

- 1) Foods should be prepared in a sanitary manner; eating raw or undercooked pork should be avoided; pasteurized milk only should be consumed; meat irradiation should be considered.
- 2) Hands should be washed prior to handling and eating food, after handling raw pork and after contact with animal feces.
- 3) Water supplies should be protected from any fecal contamination; appropriate water treatment should be done.
- 4) Rodents and birds in areas where food is stored, prepared, served and consumed should be controlled.
- 5) Disposal of animal feces should be done in a sanitary manner.
- 6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.
- 7) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Yersinia enterocolitica or Y. pseudotuberculosis has been isolated.
- 8) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours)

- a) Control of Cases and Contacts. Control measures will be instituted on a case-by-case basis.
- b) Reporting of Threat or Event. A narrative report is required to be submitted to the Department by the local health authority on all threats or events.

(Source: Added at 24 Ill. Reg. _____, effective _____)

SUPPORT D: DEFINITIONS

Section 690.900 Definition of Terms

For the purpose of this Part, the following shall be the accepted definitions of the terms used herein.

"Authenticated Fecal Specimen" - A specimen is considered to be authenticated when a public health authority or a person authorized by a public health authority has observed one or more of the following:

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~~the patient-ingest-a marker-dye-plus-the-presence-of--the--marker dye-in-the-specimen;~~

The patient produce void the specimen.

Conditions such that none other than the case, carrier or contact could be the source of the specimen.

"Carrier" - A person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection.

"Case" - Any person having a recent illness due to a communicable disease.

"Contact" - Any person known to have been associated sufficiently with a case or carrier of a communicable disease to have been the source of infection for that person or to have become infected by the case or carrier.

"Department" - Illinois Department of Public Health.

"Disinfection" - The process of rendering pathogenic micro-organisms non-viable by chemical or physical means.

Concurrent disinfection - the application of disinfection immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges, all personal contact with such discharges or articles being minimized prior to their disinfection.

Terminal cleaning - the process of rendering the personal clothing and immediate physical environment of the patient free from the possibility of conveying the infection to others at a time when the patient is no longer a source of infection.

"Disinfection" - Any physical or chemical process serving to destroy or remove undesired small animal forms, particularly arthropods or rodents, present upon the person, the clothing, or in the environment of an individual, or on domestic animals.

"Endemic" - The constant presence of a disease or infectious agent within a given geographic area; may also refer to the usual prevalence of a given disease within such area.

"Epidemic" - The occurrence in a community or region of cases of an illness (or an outbreak) clearly in excess of expectancy.

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"Food Handler" - A person who produces, prepares, packages or dispenses food or drink that will not be subsequently heated to appropriate cooking temperatures.

"Health Care Worker" - Any person who is employed (or volunteers their services to a health care organization) to provide direct personal services to others when health care is being delivered. This definition includes, but is not limited to, physicians, dentists, nurses and nursing assistants and laboratory technicians who have direct contact with patients.

"Isolation" - The separation during the infectious period of a person who has a communicable disease or who is a carrier of the infecting organism, or who is suspected of having such a disease or of being a carrier, from other persons in such places and under such conditions as will prevent the direct or indirect transmission of the infectious agent.

"Isolation, Modified" - A selective, partial limitation of freedom of movement that is applicable to certain specified diseases.

"Local Health Authority" - The health authority (i.e., full-time official health department, as recognized by the Illinois Department of Public Health) having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of such boards, or any person legally authorized to act for such health authority. In areas without a health department recognized by the Illinois Department of Public Health, the local health authority shall be the Illinois Department of Public Health.

"Observation" - The practice of close medical or other supervision of contacts in order to promote prompt recognition of infection or illness, but without restricting their movements.

"Premises" - That physical portion of a building or other structure and its environs so designated by the Director of the Illinois Department of Public Health, his authorized representative, or the local health authority.

"Quarantine" - Restriction of the activities of well persons or animals who have been exposed to a case of communicable disease during its period of communicability (i.e., contacts) to prevent disease transmission during the incubation period if infection should occur.

"Sensitive Occupation" - An occupation involving the direct care of others, especially young children and the elderly, or any other occupation so designated by the Illinois Department of Public Health

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or the local health authority.

"Susceptible (non-immune)" - A person who is not known to possess sufficient resistance against a particular pathogenic agent to prevent contracting infection or disease if or when exposed to the agent.

"Suspect case" - A person whose medical history or symptoms suggest that he or she may have or may be developing a communicable disease.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

SUBPART E: GENERAL PROCEDURES

Section 690.1000 General Procedures for the Control of Communicable Diseases

These procedures are intended for use in homes and similar situations. This Subpart does not apply to Sexually Transmissible Diseases. Sexually Transmissible Diseases are regulated under 77 Ill. Adm. Code 693. Hospital and long term care facility personnel will find helpful, authoritative and detailed procedures for most diseases in "CDC Guidelines for Isolation Precautions in Hospitals" as updated by "Recommendations for Prevention of HIV Transmission in Healthcare Settings", published by the Centers for Disease Control and Prevention (August 21, 1987). This manual and updates are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

- a) Isolation.
 - 1) Establishment. Upon being informed of the existence of a case, of a carrier, or of a suspected case or carrier of a communicable disease, the local health authority having jurisdiction over the area in which the patient is located shall immediately establish isolation of the patient when such isolation for the specific disease is required by these rules and regulations. When the case, carrier, or suspected case or carrier is hospitalized, the isolation procedures shall comply with those outlined in "CDC Guidelines for Isolation Precautions in Hospitals" as updated by "Recommendations for Prevention of HIV Transmission in Healthcare Settings", published by the Centers for Disease Control and Prevention (August 21, 1987) (see Section 1010(a)(1) and (a)(2)).
 - 2) Duration. Isolation shall be maintained for the minimum period of time required for the specific disease by these rules and by the CDC Guidelines mentioned above. When rules for specific disease differ from the content of the CDC Guidelines mentioned above, the rules will prevail.
 - 3) Termination. Isolation required for the specific disease by this Part these rules and regulations may be terminated only by the local health authority having jurisdiction over the area in which the patient is located or by the Illinois Department of Public Health.

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- b) Quarantine.
- 1) Establishment. Quarantine of contacts to a case, a carrier, or a suspected case or carrier of a communicable disease shall immediately be established by the local health authority having jurisdiction over the area in which the contacts reside when such quarantine is required for these specific diseases: diphtheria (Section 690.380), plague (Section 690.570), smallpox (Section 690.650), and typhus (Section 690.740).
 - 2) Duration. Quarantine of contacts shall be maintained for the minimum period of time required for the specific disease by these rules.
 - 3) Termination. Quarantine may be terminated only by the local health authority having jurisdiction over the area in which the contacts reside or the Illinois Department of Public Health.
- c) Persons with diarrhea shall not work in sensitive occupations or as food handlers and must adhere to restrictions on sensitive occupations and food handlers specified in this Part, specific to each etiologic agent.
- d) Investigation.
- 1) Each case of communicable diseases shall be investigated to determine the source, where feasible. Findings of the investigation will be reported as specified under the Section of this Part applicable to each specific disease.
 - 2) When two or more cases of communicable disease occur in association with a common source, the investigation should include a search for additional cases.
 - 3) Investigations of outbreaks shall be summarized in a final report and submitted to the Illinois Department of Public Health.

a) Placarding

- 1) Placarding is rarely, if ever, necessary, and should be considered only in unusual and compelling circumstances when isolation, quarantine, examination or treatment of a case or carrier or suspect of a communicable disease is necessary and cannot otherwise be implemented.
- 2) If placarding is determined to be necessary, the following rules shall apply:
 - A) The local health authority having jurisdiction over the area in which said case, carrier or suspected case or carrier is isolated shall post a placard in a conspicuous place at each outside entrance of the premises wherein the person is isolated. (However, if the patient is isolated in a hospital, in the manner prescribed by these rules, a placard need not be posted.)
 - B) The placard shall be not less than six by ten inches in size, and shall have printed thereon in letters not less than 1/2" in height the words "Keep Out". At the bottom of the card shall appear these words in small type: "All

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- persons who violate these rules subject themselves to a fine not to exceed \$500.00 for each offense, or imprisonment in the county jail not to exceed six months, or both.
- e) Whenever the premises wherein contacts are under quarantine are placarded, the placard shall be as described above, except the name of the disease need not be stated.
 - f) Placards shall not be concealed from public view, shall not be mutilated or defaced, and shall remain posted until the requirements of these rules relative to the duration of the period of isolation or quarantine for the specific disease have been fulfilled.
 - g) Placards may be removed only by order of the local health authority having jurisdiction over the area where the case, carrier or contact is isolated or quarantined.
- e) Disinfection.
- 1) Concurrent disinfection as required by these rules shall be carried out.
 - A) Disposable articles freshly soiled by discharges from the eyes, ears, nose, throat, and skin lesions shall be placed in biohazard bags and disposed of appropriately, incinerated, if incineration is available. Otherwise, these articles shall be placed in leak-proof containers for disposal in an approved landfill.
 - B) Food from the patient's sick room shall not be used by anyone except the patient. Solid food wastes may be put in the garbage can or garbage disposal. Liquid food wastes may be emptied into the kitchen sink.
 - C) Disposable items should only be used by the same patient. Reusable items should be disinfected as described by the manufacturer before being used on a different patient. Thermometers, rectal tubes, douche nozzles, etc., shall be washed with soap and water after each use. When not in use, thermometers shall be disinfected.
 - D) The following procedure will not be deemed necessary where public sewage disposal facilities are used or where private sewage disposal is determined by the local health authority to be adequate: in all other instances, bowel and bladder discharges shall be disinfected by adding carbolic acid or cresol or other equally effective disinfectant and stirring the mixture until all parts have been thoroughly mixed with the disinfecting agent. This mixture shall be allowed to stand, protected from flies, for 30 minutes before being discharged into a sewer, septic tank or privy vault. Solid stool shall have one pint of water added and then treated as previously described in this paragraph.
 - E) Bedpans and urinals shall be cleaned using soap and water after each use.
 - 2) Terminal cleaning, as required by these rules, shall be carried

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out at the termination of the period of isolation. Bed frames, Bedsteads, chairs and other parts of the room likely to come in contact with secretions shall be thoroughly cleaned with water, soap or detergent, and disinfected.

- f) Control of Milk, Milk Products and Other Food Stuffs. Whenever a case, a carrier, or a suspected case or carrier of the following diseases exists in the home of a distributor, or on any farm or dairy producing milk, cream, butter, cheese or other foods likely to be consumed raw or handled after pasteurization and before final packaging, the sale, exchange, removal or distribution of such food items from such home, farm or dairy may be prohibited as deemed necessary by the Illinois Department of Public Health or the local health authority to prevent the transmission of communicable diseases.

- 1) Amebiasis
- 2) Campylobacteriosis
- 3) Cholera
- 4) Diphtheria
- 5) ~~E. coli B-serotype~~ infections due to serotype 0157:H7
- 6) Foodborne or waterborne illness
- 7) Giardiasis
- 8) Hepatitis A
- 9) Hepatitis, viral, other unspecified
- 10) Intestinal worms
- 11) Salmonellosis
- 12) Shigellosis
- 13) Smallpox
- 14) Streptococcal infections
- 15) Typhoid fever
- 16) Yersiniosis

- g) School and Day Care Centers.
- 1) When a case of communicable disease occurs in a school or day care center, this fact should not be considered a reason for the facility to be closed, except in the event of an emergency.

- 2) Children suspected of being infected with a reportable infectious disease for which isolation is required shall be refused admittance to the facility while acute symptoms are present.

- 3) School and day care center authorities shall handle contacts of infectious disease cases in the manner prescribed in these rules and regulations, or as recommended by the local health authority.

- h) Release Specimens. Whenever this Part requires these rules require the submission of laboratory specimens for release from isolation or quarantine, the results of such examinations will not be accepted unless the specimens have been examined in a laboratory of the Illinois Department of Public Health or in a laboratory acceptable to the Illinois Department of Public Health for the specific tests required. To determine if a given private laboratory is acceptable, specific inquiry to the Illinois Department of Public Health must be made. The number of specimens needed for release, as detailed

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under specific disease, is minimum and may be increased when deemed necessary by the Illinois Department of Public Health.

- i) Hospitalization.

- 1) If proper isolation of the patient cannot be accomplished in the home, hospitalization may be required by the Illinois Department of Public Health or the local health authority. Neither public health agency shall bear the cost of such hospitalization.

- 2) Every person who has a contagious or communicable disease and is ordered by the Director of the Illinois Department of Public Health or by the local health authority to be isolated in conformity with the rules of the Illinois Department of Public Health immediately comply with such order and be so isolated until such time as the Director of the Illinois Department of Public Health or local health authority shall certify him to be no longer a danger to the public health.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 690.1010 Incorporated Materials

- a) The following materials are incorporated or referenced in this Part:

- 1) "CDC Guidelines for Isolation Precautions in Hospitals", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333, HHS Publication No. (CDC) 83-8314 (1983).
- 2) "Recommendations for Prevention of HIV Transmission in Health-Care Settings", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), August 21, 1987, Vol. 36, No. S2, pages 35-185).
- 3) "Protection Against Viral Hepatitis", Recommendations of the Immunization Practices Advisory Committee, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), February 9, 1990, Vol. 39, No. RR-2, pages 1-26).
- 4) ~~Guidelines for Prevention of HB Transmission in Hospitals--U.S. Department of Health and Human Services--Centers for Disease Control and Prevention--Atlanta--Georgia--30333--(Revised--April--1983)--(See Section 690.1010)~~
- 5) "General Recommendations on Immunization," Recommendations of the Advisory Committee on Immunization Practices, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 28, 1994, Vol. 43, No. RR-1, pages 1-38). (See Sections 690.620(d)(1), 690.690(d)(1)

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- and 690.750(a).)
- 5) "Foodborne Pathogenic Microorganisms & Natural Toxins", Center for Food Safety and Applied Nutrition, U.S. Food and Drug Administration, Washington, D.C. 20204-0001.
- 6) Joint-Advisory-Noticer-Department-of-Labor/Department-of-Health and Human Services-HHS/HHS, Federal Register-Vol-52-No-2187 pp-41818-41823-October-30, 1987.---(See Section-696-4597)
- 7) Diseases-Transmitted-by-Food---U.S.-Department-of-Health-and Human-Services---Public-Health-Service---Centers-for-Disease Control-Atlanta-Georgia-30333-1989, Second-Edition?
- 8) "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), July 12, 1991, Vol. 40, No. RR-8, pages 1-9).
- 79) "Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination", Recommendations of the Immunization Practices Advisory Committee, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), November 22, 1991, Vol. 40, No. RR-13, pages 1-25).
- 84) "Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae Type b Disease Among Infants and Children Two Months of Age and Older", Recommendations of the Immunization Practices Advisory Committee, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 11, 1991, Vol. 40, No. RR-3, pages 1-7).
- 91) "Human Rabies Prevention - United States, 1989". Rabies Prevention-----United-States-----1991? Recommendations of the Immunization Practices Advisory Council on Immunization Practices, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 8, 1993, Vol. 46, No. RR-1, pages 1-21). March 227-1991-Vol-46-No-RR-37-pages-1-19?
- 10) "Prevention of Hepatitis A through Active or Passive Immunization", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), December 27, 1996, Vol. 45, No. RR-15, pages 1-30).

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- 11) "Control and Prevention of Meningococcal Disease and Control and Prevention of Serogroup C Meningococcal Disease: Evaluation and Management of Suspected Outbreaks", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), February 14, 1997, Vol. 46, No. RR-5, pages 1-21).
- 12) "Diphtheria, Tetanus and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures", Recommendations of the Immunization Practices Advisory Committee (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report, August 8, 1991, Vol. 40, No. RR-10, pages 1-28).
- 13) "Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report, October 16, 1998, Vol. 47, No. RR-19, pages 1-39).
- 14) "Prevention of Perinatal Group B Streptococcal Disease: A Public Health Perspective", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report, May 31, 1996, Vol. 43, No. RR-7, pages 1-24).
- 15) "Pneumococcal Polysaccharide Vaccine", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report, February 10, 1995, Vol. 38, No. 5, pages 64-68, 72-76).
- 16) "Guidelines for Isolation Precautions in Hospitals", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Infection Control and Hospital Epidemiology, January 1992, Vol. 17(1):154-80).
- 17) "Recommendations for Test Performance and Interpretation from the Second National Conference on Serologic Diagnosis of Lyme Disease", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report, August 11, 1995, page 590).
- b) All citations to federal regulations in this Part concern the specified regulations in the 1987 Code of Federal Regulations, unless another date is specified.
- c) All incorporations by reference of federal regulations and the standard of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any

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additions or deletions subsequent to the date specified.

(Source) Amended at 24 Ill. Reg. _____, effective _____.

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NOTICE OF PROPOSED AMENDMENTS1) Heading of the Part: Control of Sexually Transmissible Diseases Code2) Code Citation: 77 Ill. Adm. Code 693

3) Section Numbers:	Proposed Action:
693.20	Amendment
693.30	Amendment
693.40	Amendment
693.60	Amendment
693.110	Amendment
693.140	Amendment

4) Statutory Authority: Implementing and authorized by the Illinois Sexually Transmissible Disease Control Act (410 ILCS 325) and Sections 2 and 6 of the Department of Public Health Act (20 ILCS 2305/2 and 6).

5) A Complete Description of the Subjects and Issues Involved: This rulemaking adds chancroid to the list of sexually transmissible diseases (STDs) that must be reported, pursuant to this Part, to local health authorities or to the Department within 7 days after diagnosis or treatment. Chancroid is the only STD among the Nationally Notifiable Infectious Diseases that is not currently reportable in Illinois. The Centers for Disease Control and Prevention recommend that chancroid be reportable because the disease is endemic in some areas of the U.S., and the disease also occurs in discrete outbreaks. Chancroid is a cofactor for HIV transmission, and high rates of HIV infection among patients who have chancroid have been reported in the U.S. and other countries. Making chancroid reportable would enable public health departments to facilitate control measures: testing, treatment, counseling, and partner notification. This rulemaking also changes the reporting time for all diseases reported under these rules from 5 days to 7 days after diagnosis or treatment and moves ophthalmia neonatorum (infant eye disease) from the communicable disease rules (Part 690) to this Part.

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No

7) Does this Rulemaking Contain an Automatic Repeal Date? No

8) Does this Rulemaking Contain any Incorporation by Reference? No

9) Are there any Other Proposed Amendments Pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking will not create a State mandate on units of local government.

11) Time, Place and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing within 45 days after this issue of the Illinois Register

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to:

Paul Thompson, Division of Legal Services
Illinois Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
(217)782-2043
(e-mail: rules@dph.state.il.us)

12) Initial Regulatory Flexibility Analysis:

- A) Type of Small Businesses Affected: This rulemaking will affect physicians, clinical laboratories and hospitals that are small businesses.
- B) reporting, Bookkeeping or Other Procedures Required for Compliance:
The proposed amendments add additional diseases and delete certain diseases from currently required reporting and changes timeframes for reporting of diseases to the Department.

C) Types of Professional Skills Necessary for Compliance: None

13) Regulatory agenda on which this rulemaking was summarized: January 2000

The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER 1: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 693

CONTROL OF SEXUALLY TRANSMISSIBLE DISEASES CODE

Section	Definitions
693.10	Incorporated Materials
693.20	Reportable STDs and Laboratory Results
693.25	Reporting Penalties
693.35	Pinpointing
693.40	Pinpointing
693.45	Notification of Health Care Contacts
693.50	Physical Examination and Medical Treatment for Syphilis, Gonorrhea, Chlamydia, and Chancroid
693.60	Isolation for Syphilis, Gonorrhea, Chlamydia, and Chancroid
693.70	Counseling and Education for AIDS and HIV
693.80	Isolation for AIDS and HIV
693.90	Quarantine
693.100	Confidentiality
693.110	Examination and Treatment of Prisoners
693.120	Certificate of Freedom from STDs
693.130	Treatment of Minors
693.140	Control Measures

AUTHORITY: Implementing and authorized by the Illinois Sexually Transmissible Disease Control Act [410 ILCS 325] and Sections 2 and 6 of the Department of Public Health Act [20 ILCS 2305/2 and 6].

SOURCE: Adopted at 12 Ill. Reg. 10097, effective May 27, 1988; amended at 15 Ill. Reg. 11686, effective August 15, 1991; emergency amendment at 15 Ill. Reg. 16462, effective October 28, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 5921, effective March 30, 1992; emergency amendment at 17 Ill. Reg. 1213, effective January 7, 1993, for a maximum of 150 days; emergency expired June 7, 1993; amended at 17 Ill. Reg. 15909, effective September 20, 1993; amended at 19 Ill. Reg. 1126, effective January 20, 1995; amended at 22 Ill. Reg. 22026, effective December 9, 1998; amended at 24 Ill. Reg. _____, effective _____.

Section 693.20 Reportable STDs and Laboratory Results

- a) The Department has determined that the following shall be considered reportable STDs:
- 1) Acquired Immunodeficiency Syndrome (AIDS), as defined by the Centers for Disease Control and Prevention of the United States Public Health Service, in 1993 Revised Classification System for

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HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, Centers for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), December 18, 1992; vol. 41, no. RR-17, and in 1994 Revised Classification System for HIV Infection for Children Less Than 13 Years of Age, Morbidity and Mortality Weekly Report (MMWR), vol. 43, no. RR-12.⁷

2) HIV Infection (see Section 693.10 for a definition).⁷

- 3) Syphilis.⁷
- 4) Gonorrhea.⁷
- 5) Chlamydia.⁷
- 6) Chancroid.
- 7) Ophthalmia Neonatorum (Gonococcal).

b) The Department has determined that the following shall be considered reportable STD laboratory results:

- 1) A serologic test for antibodies to the human immunodeficiency virus (HIV), which is reactive on two or more enzyme-linked immunosorbent assay (ELISA) tests and on one confirmatory Western blot assay test or Indirect Fluorescent Antibody Test (see 77 Ill. Adm. Code 697.100(b)).⁷
- 2) A serologic test for syphilis, either presumptive or confirmatory, which is weakly reactive, reactive, or positive.⁷
- 3) A test for gonorrhea or chlamydia, such as the smear, culture, or ELISA, or molecular probe (amplified and non-amplified) test, which test is reactive or positive.
- 4) A CD4+ count with an absolute result of less than 200 CD4+ lymphocytes per microliter or a relative value of less than 14% of total lymphocytes, the levels specified by the Centers for Disease Control and Prevention for defining AIDS.

(Source: Amended at 24 Ill. Reg. _____, effective _____.)

Section 693.30 Reporting

a) Every physician licensed under the provisions of the Illinois Medical Practice Act shall report each case in which the physician has clinically diagnosed or treated a case of AIDS, HIV infection, syphilis, gonorrhea, or chlamydia, or chancroid, or received a reportable STD laboratory result as set forth in Section 693.20(b). A hospital may, at the request of the physician of a person who has been admitted to the hospital, submit the physician's report to the appropriate health authority through the identifiers established disease-reporting mechanism. In all cases, the physician is responsible for ensuring that reporting is accomplished.

- 1) The STD case report shall be mailed within seven five days after such diagnosis or treatment. The STD laboratory report shall be mailed within seven five days after receipt of the laboratory

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results.

2) If the reporting source is located in a county or city governed by a full-time Local Health Authority, the STD report shall be made to that health authority. For syphilis, gonorrhea, and chlamydia, and chancroid patients in jurisdictions not covered by a Local Health Authority but by a Designated Agency, the STD such reports shall be made to that Designated Agency. In all other cases, the STD report shall be made directly to the Illinois Department of Public Health.

3) For cases of AIDS or HIV infection, the STD report shall be made on a form furnished by the Department. For each report of AIDS, a physician shall complete the "Adult AIDS Confidential Case Report", as modified by the Department (or Pediatric AIDS Confidential Case Report, as modified by the Department for children under 13 years), which are forms developed by the Centers for Disease Control and Prevention (CDC), Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia 30333, OMB No. 0920-0009. For cases of HIV infection, the STD report shall be made on a form furnished by the Department. The STD report shall state the name, address and telephone number of the physician, the date of the report, as well as the following information, as available:

- A) For AIDS: individual's name, Social Security Number, address, telephone number, age, date of birth, age at diagnosis, current status (date of death), race/ethnicity, sex, country of birth, residence at diagnosis, facility where diagnosis of AIDS was established;
- ii) Patient risk history;
- iii) Laboratory results of HIV antibody tests, HIV detection tests, or immunologic laboratory tests;
- iv) Information concerning the presence and method of diagnosis of AIDS indicator disease;
- v) Each successive AIDS indicator disease (e.g., Pneumocystis carinii pneumonia, Kaposi's sarcoma or esophageal candidiasis), regardless of whether the case is known or thought to have been previously reported in another state or health jurisdiction;
- vi) For reports submitted by health care facilities, the name and telephone number of the individual completing the form, if different from the physician;
- vii) Information concerning treatment services and referrals and, for women, information on both the current pregnancy status and births after 1977, and for prenatal cases, information about birth history;
- viii) Whether the individual has had any invasive procedures performed on him or her and, if so, the

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types of invasive procedures and the name(s), address(es) and telephone number(s) of the health care provider(s) who performed those invasive procedures;

- ix) Whether the individual is a health care provider, if so, the type of health care provider and whether the individual has performed invasive procedures; and
 - x) Whether post-test counseling and/or sex/needle sharing partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.
- B) Prior to July 1, 1999, for HIV infection in cases not clinically diagnosed or treated as AIDS by the reporting physician:
- i) The individual's city of residence, age, race/ethnicity, sex
 - ii) The laboratory
 - iii) Risk factor for HIV infection
 - iv) Whether the individual is known to have previously tested positive for antibodies to HIV
 - v) Reason for testing; and
 - vi) Whether counseling and/or sex partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.

- C) On or after July 1, 1999, for HIV infection in cases not clinically diagnosed or treated as AIDS by the reporting physician:
- i) A patient code number derived from demographic information and elements of the individual's name and/or other identifying information, age, date of birth, age at diagnosis, current status (date of death, race/ethnicity, sex, country of birth, residence at diagnosis, facility where diagnosis of HIV was established;
 - ii) Patient risk history;
 - iii) Laboratory results of HIV antibody tests, HIV infection tests, or immunologic laboratory tests;
 - iv) Information concerning the presence and method of diagnosis of AIDS indicator diseases;
 - v) For reports submitted by health care facilities, the name and telephone number of the individual completing the form, if different from the physician;
 - vi) Information concerning treatment services and referrals and, for women, information on both the current pregnancy status and births after 1977, and for perinatal cases, information about birth history;
 - vii) Whether the individual has had any invasive procedures performed on him or her and, if so, the types of invasive procedures and the name(s) of the health care

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provider(s) who performed those invasive procedures; if so, the type of health care provider and whether the individual has performed invasive procedures; and

- ix) Whether post-test counseling and/or sex/needle sharing partner referral has taken place or whether assistance is needed from the Local Health Authority or the Department.

- D) All reporting sources are required to maintain a system permitting the patient code number to be linked to a specific individual for purposes of additional follow-up if necessary.

E) The Department will monitor HIV case reports to determine the effectiveness of the HIV surveillance system. Beginning on July 1, 1999, the Department will collect data to be evaluated beginning on January 1, 2001 to determine whether the following criteria are satisfied:

- i) All elements of the patient identification code are complete in at least 90% of all reported cases;
- ii) Patient risk information is provided in 90% of case reports and the remaining information in the case report is complete in 85% of the case reports, after epidemiologic follow-up is completed;
- iii) No more than 5% of cases in the HIV databases are duplicate reports;
- iv) 95% of providers will be able to link a patient code number to a case report when additional follow-up is necessary; and
- v) A system to link at least 95% of the patient code numbers for reported cases of HIV infection to the subject of the case report, maintained by at least 95% of providers. For purposes of evaluation, the Department may review but may not copy records held by the reporting source. The evaluation shall not identify by name or other identifying information any provider or subject of a case report.

F) The Department shall complete its evaluation of the system no later than July 1, 2001. If, at the conclusion of the evaluation, the Department has determined that the criteria described in subsection (a)(3)(E) of this Section have not been met, all subsequently reported cases of HIV infection not clinically diagnosed or treated as AIDS by the reporting physician shall include all of the information required in subsection (a)(3)(C) of this Section, except that the report shall include the test subject's name and the patient code number specified in subsection (a)(3)(C)(i) will not be generated by the provider.

- 4) Syphilis, gonorrhea, and chlamydia, and chancroid cases and

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laboratory reports in cities having a population of 500,000 or more shall be made on a form furnished by the Local Health Authority. In all other cases, the report shall be made on a form furnished by the Department. The report shall state the name, address and telephone number of the physician, the date of the report, as well as the following information, as available:

- A) The individual's name, address, telephone number, age, birthdate, race/ethnicity, sex, marital status, pregnancy status;
- B) The diagnosis, diagnostic classification, and any laboratory findings;
- C) The amount and type of treatment, including preventive treatment, that the individual is receiving, has received or will receive, and whether treatment has been completed; and
- D) The type of treatment facility.

b) Every laboratory and blood bank, through its Director, shall report each case in which the laboratory or blood bank performed a test for an STD that concluded with a reportable laboratory result.

- 1) The STD laboratory report shall be mailed within seven **five** days after the reportable laboratory **such** test result.
- 2) If the reporting source is located in a county or city governed by a full-time Local Health Authority, the STD laboratory report shall be made to that health authority. For syphilis, gonorrhea, **and** chlamydia, **and** chancroid test subjects in jurisdictions not covered by a Local Health Authority but by a Designated Agency, such reports shall be made to that Designated Agency. In all other cases, the STD laboratory report shall be made directly to the Department.
- 3) For HIV laboratory tests, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:
 - A) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks);
 - B) The individual's patient code number as provided by the physician, age, race/ethnicity, and sex; and
 - C) The date the tests were performed, the laboratory results, and the method employed.
- 4) For CD4+ lymphocyte counts less than 200 CD4+ cells per microliter or less than 14 percent of total lymphocytes, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:
 - A) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks);

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- B) The individual's name, address, telephone number, age, race/ethnicity, sex, as provided by the physician or other person who submitted the specimen for testing by a laboratory; and
- C) The date the tests were performed, the laboratory results, and the method employed.
- 5) Syphilis, gonorrhea, **and** chlamydia, **and** chancroid laboratory reports in cities having a population of 500,000 or more shall be made on a form furnished by the Local Health Authority. In all other cases, the report shall be made on a form furnished by the Department. The report shall state the name and address of the laboratory or blood bank, the date of the report, as well as the following information, as available:
 - A) The individual's name, address, telephone number, age, race/ethnicity, sex, marital status, or patient code number as provided by the physician or other person who submitted the specimen for testing by a laboratory;
 - B) The name, address and telephone number of the physician or other person who submitted the specimen for testing (not applicable to blood banks); and
 - C) The date the test was performed, the laboratory results, and the method employed.
- 6) In addition to the above reporting requirements:
 - A) If the subject of the test is under 12 years of age, any reactive or positive test results shall be reported to the Department by telephone immediately or as soon as Department business hours permit at 888-375-9613 for HIV/AIDS test results and 217-782-2747 for all other STD test results.
 - B) If any culture that is positive for gonorrhea is determined to be resistant to antibiotics, the test results shall be reported by telephone immediately, or as soon as business hours permit, to the Local Health Authority, Designated Agency or the Department, as appropriate.
 - C) Every laboratory and blood bank shall report the total number of tests performed for STDs each week. **This** Such report shall be made to the Local Health Authority, Designated Agency or the Department, as appropriate.
- c) Physicians are not required to file HIV case reports for:
 - 1) Patients known to reside outside of Illinois; or
 - 2) Persons tested at IDPH designated anonymous test sites; or
 - 3) Participants in research projects approved by an Institutional review board when the research is not primarily intended to provide medical treatment to participants and is conducted under the following conditions:
 - A) All personal identifiers are removed from the specimen before testing; or
 - B) The specimen cannot be linked to the individual from whom the specimen was collected; or

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- C) positive HIV results are due to vaccine administration.
- d) All persons required to report pursuant to this Part shall maintain the strict confidentiality of all information and records relating to known or suspected cases of STDs in accordance with Section 693.400 and 77 Ill. Adm. Code 697.140.
- e) For each report of AIDS that it receives, pursuant to the provisions of this Section, the Local Health Authority shall forward a copy of the report to the Department's AIDS Registry System, within seven days after receiving the report (see Section 697.210 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697)). The Local Health Authority shall assure the completeness of the report form. The Local Health Authority shall record the reporting source on the case report form, as available.
- f) A Local Health Authority shall forward to the Department a copy of each HIV report that it receives pursuant to the provisions of this Section, within seven days after receiving the such report.
- g) A Local Health Authority or Designated Agency shall submit to the Department, on forms supplied by the Department, summary information on the reportable laboratory results for syphilis, gonorrhea, and chlamydia, and chancroid that it receives pursuant to the provisions of this Section, within seven days after receiving such results.
- h) A Local Health Authority or Designated Agency that receives a syphilis laboratory report with a patient code number shall contact the test subject's physician for information identifying that individual, within 24 hours after receiving the such report. The Department shall assume this responsibility within jurisdictions not covered by a Local Health Authority or Designated Agency.
- i) A Local Health Authority that receives an HIV laboratory report from a physician, laboratory or blood bank for an individual age three through 21 shall contact the physician listed in the report to obtain the individual's name and address in order to comply with Section 697.400 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697). The Department shall assume this responsibility within jurisdictions not covered by a Local Health Authority. The physician shall provide this information to the Local Health Authority or the Department unless the test subject is not enrolled in a public or private primary or secondary school. The physician shall contact the Local Health Authority or the Department if the physician learns that the test subject has enrolled in school at any subsequent date.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 693.40 Contact Interview and Investigation

- a) A Local Health Authority, Designated Agency or the Department, where applicable, shall initiate the contact interview and investigation process under any of the following circumstances:

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- 1) Upon receipt of an STD, AIDS or HIV report from a physician or laboratory;¹⁷
- 2) When the Local Health Authority, Designated Agency or the Department knows or has reason to know, based on medical or epidemiologic information, that a person within its jurisdiction may be infected with or have been exposed to an STD or HIV; or
- 3) For reports of health care providers with AIDS received by the Department prior to October 4, 1991, the Department shall interview and investigate these such cases in priority order established by the Department, and provide appropriate contact notification, in accordance with the provisions of subsections 693.40(b)(3)(B)(i) through (ix) of this Part. The Department shall interview the health care provider or the provider's estate. Coworkers, family members or others may be interviewed, if necessary, to determine the risk of transmission or to identify contacts.
- b) For cases of AIDS or HIV infection, the contact interview and investigation process shall include the following:
- 1) Contact interview and investigation services shall be provided only by counselors who have completed a course of training that which included instruction in the following:
 - A) The etiology and transmission of HIV, including associated risk behavior and activities, and patient profiles of persons at significant risk of HIV infection;
 - B) The natural history and progression of HIV infection;
 - C) Methods for preventing transmission of HIV infection;
 - D) Principles and techniques of counseling, including demonstration of interviewing and counseling skills needed for epidemiologic management of HIV infected persons, and critiqued role playing, psychologic assessment and crisis intervention;
 - E) Principles and techniques of contact investigation and referral, and
 - F) Principles of communicable diseases.
 - 2) For the interview and investigation process concerning sex and needle sharing contacts:
 - A) All cases of AIDS or HIV infection identified to health authorities shall be offered the assistance of health professionals in locating and referring sex and needle-sharing contacts for counseling and testing, with the consent of the infected person. All persons refusing such assistance shall be strongly encouraged to notify their previous sex and needle-sharing contacts of their possible exposure to HIV, and to refer these such contacts for counseling and testing.
 - B) Cases of AIDS or HIV infection shall be asked to identify their sex and needle-sharing contacts for the preceding twelve month period. The counselor shall discuss the

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specific nature of each contact with the client to determine the likelihood of HIV transmission based on the type of sexual or needle-sharing practice involved and the counselor's knowledge of risk factors.

- C) Those contacts determined to be at significant risk of infection, in the professional judgment of the counselor, based on the type of sexual or needle-sharing practice involved and the counselor's knowledge of risk factors, shall be investigated. Investigation shall be conducted on contacts for whom sufficient information to identify the person is available, such as first and last name, street address or telephone number.
- D) The counselor may prioritize the order in which contacts are to be investigated. The counselor shall provide first priority to those contacts who (based on the counselor's professional judgment), except for contact notification, may not have reason to suspect they may be infected because the counselor has no information that the contacts:
- i) are aware of having engaged in behavior likely to result in exposure; and/or
 - ii) are knowledgeable about the types of behavior carrying these such risks.

- E) Persons choosing to self-refer their contacts shall receive intensive individualized instruction and counseling in methods to provide this notification and referral.

- F) Contacts to persons with HIV infection, identified through the contact interview and investigative process, shall be counseled, confidentially and in person, regarding the possibility of infection, methods to prevent the spread of the infection, and services available from public health agencies. These such persons shall also be offered testing to determine infection status.

- G) If the such person is legally unable to agree to counseling due to age or legal incompetence, consent and participation in counseling shall be requested of the individual's parent or legal guardian. If the such person is legally able to agree to, but appears to be incapable of understanding and competently acting on such counseling, in the professional judgment of the counselor, participation in counseling shall be requested of a parent or other person chosen by the client.

- 3) For the interview and investigation process concerning health care contacts:

- A) Patients
- i) All cases in which the individual has had invasive procedures performed on him or her shall be provided an explanation of the potential risks of HIV transmission to health care providers during the

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performance of invasive procedures, and the legal requirements for notification of the health care providers who have performed invasive procedures on that individual;

- ii) The individual shall be asked to identify the specific invasive procedures that had been performed on him or her along with the name of the facility or location at which the procedure was performed, and the name, address and telephone number of the health care provider who performed the procedure; and
- iii) The individual shall be offered the opportunity to self-notify those health care providers within 45 days, in accordance with the notification procedures described in Section 691.45 of this Part. If the individual declines the opportunity to self-notify his or her health care providers, or fails to do so in accordance with the requirements of this Part, the case shall be referred to the Department for notification of contacts. The Department's notification of contacts shall be conducted in a timely manner.⁷

B) Health Care Providers

- i) All cases in which the individual is a health care provider or has worked as a health care provider shall be interviewed to determine whether the type of health care practiced by the individual involves the performance of invasive procedures, and whether the individual has or is likely to have performed invasive procedures;
- ii) If the individual's type of health care practice involves the performance of invasive procedures but the individual has not or is not likely to have performed invasive procedures, he or she shall be provided with written information concerning the use of universal precautions and the recommendations of the Centers for Disease Control and Prevention concerning the prevention of HIV transmission in the health care setting. The individual shall also be advised to refrain from performing exposure-prone invasive procedures, except in accordance with the recommendations of an expert review panel that has been convened pursuant to the Centers for Disease Control and Prevention's "Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 693.15(c)(5) of this Part);
- iii) If the individual has or is likely to have performed invasive procedures the Local Health Authority shall

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refer the case to the Department for risk assessment and follow-up;

- iv) The Department shall interview the health care provider or the provider's estate to complete the investigation and assess the potential risk of HIV transmission from the provider to his or her patients, based on the provider's practice and the types and frequencies of invasive procedures performed. Others may be interviewed as necessary to complete the investigation and assess the potential risk of HIV transmission from the provider to his or her patients;
- v) The Department shall provide the health care provider with an explanation of the potential risks of HIV transmission to patients during the performance of invasive procedures, and the legal requirements for notification of patients whom the Department determines may have been at risk of HIV transmission from the health care provider;

- vi) If the invasive procedures performed by the health care provider were not exposure-prone invasive procedures, and no other potential risk of transmission was identified by the Department, the entity performing the investigation process shall provide the health care provider with information concerning the use of universal precautions and the recommendations of the Centers for Disease Control and Prevention concerning the prevention of HIV transmission in the health care setting. The health care provider shall also be advised to refrain from any future performance of exposure-prone invasive procedures, except in accordance with the recommendations of an expert review panel convened pursuant to the Centers for Disease Control and Prevention's "Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 693.15(c)(5) of this Part);

- vii) If any of the invasive procedures performed by the health care provider were exposure-prone invasive procedures, or the Department identifies any other potential risk of transmission to patients, the Department shall advise the health care provider that these such patients must be notified of their potential risk of exposure to HIV. The health care provider shall be given the opportunity to submit any information and comments to the Department concerning the such notification, and shall be offered the opportunity to self-notify his or her patients within

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45 days, in accordance with the notification procedures described in Section 693.45 of this Part;

- viii) If the health care provider declines the opportunity to self-notify his or her patients, or fails to do so in accordance with the requirements of this Part, he or she shall provide the Department with complete and immediate access to any records that identify or may lead to the identification of his or her patients and the actual health care that was rendered. The Department shall review but shall not copy or seize the provider's records. The Department shall identify and notify in a timely manner all patients who received exposure-prone invasive procedures or have otherwise been determined by the Department to have been at risk for HIV transmission; and

- ix) The health care provider shall also be advised to discontinue performance of exposure-prone invasive procedures except in accordance with the recommendations of an expert review panel convened pursuant to the Centers for Disease Control and Prevention's "Recommendations for Preventing Transmission of HIV and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 693.15(c)(5) of this Part).

- c) For cases of syphilis, gonorrhea or chlamydia, the contact interview and investigation process shall include the following:

- 1) Contact interview and investigation services shall be provided only by counselors who have completed a course of training which included instruction in the following:

- A) The etiology and transmission of STDs;¹⁷
B) The natural history and progression of STD infection;¹⁷
C) High or increased risk behavior and activities, including patient profiles of persons at significant risk for acquiring STDs;¹⁷
D) Methods for preventing and treating STD infection;¹⁷
E) Principles and techniques of counseling, including demonstration of interviewing and counseling skills needed for epidemiologic management of STD patients, and critiqued role playing;¹⁷ and
F) Principles and techniques of contact investigation and referral.

- 2) All persons diagnosed with early syphilis or antibiotic-resistant gonorrhea or chlamydia or any person treated for gonorrhea or chlamydia at a clinic of the Local Health Department shall be interviewed by the Local Health Authority, Designated Agency or the Department, where applicable. "Early syphilis" means primary, secondary or early latent syphilis of less than one year's duration.

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- 3) All persons diagnosed with chlamydia and/or ~~and persons diagnosed with gonorrhea~~ in the private medical sector shall be interviewed as resources permit and within the discretion of the Local Health Authority, Designated Agency or Department, where applicable.
- 4) All cases interviewed shall be asked to provide the names and any available identifying information regarding their sex contacts. Persons refusing to name their sex contacts shall be strongly encouraged to self-refer such contacts for testing and treatment, if necessary.
- 5) Those contacts determined by the counselor to be at significant risk of infection, based on high or increased risk behavior and activities, shall be investigated.
- 6) Interviewing and counseling of STD cases and contacts shall be conducted in person, in a private manner, and shall be documented on epidemiologic records furnished by the Department.
- 7) Counselors shall follow the guidelines and standards described in Section 697.300 of the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697).
- 8) All records regarding cases of STDs, contacts to cases of STDs and all information collected in investigations and interviews pursuant to this Section shall be confidential, and shall at all times be maintained in the same manner as those maintained for reported cases of STDs.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 693.60 Isolation for Syphilis, Gonorrhea, Chlamydia, and Chancroid

- a) When a Local Health Authority, Designated Agency or the Department, where applicable, knows or has reason to believe, because of medical or epidemiological information, that a person within its jurisdiction is a Noncompliant STD Carrier, it shall initiate and document all reasonable efforts to obtain the voluntary cooperation of such person for appropriate counseling, education and cessation of noncompliant behavior.
- b) A "Noncompliant STD Carrier," for purposes of this Section, means a person who is infected with ~~presently-undergoing curative medical therapy for syphilis, gonorrhea, or chlamydia, or chancroid either voluntarily--or--pursuant-to--court--order~~ is presently capable of infecting others, and is engaging in conduct or activities that which place others at risk of exposure to the STD while ~~treatment is being completed~~.
- c) If all attempts at voluntary cooperation have failed to the extent that the noncompliant individual continues to engage in conduct or activities which place others at risk of exposure to the STD, the Local Health Authority or Designated Agency when it determines that it has explored and exhausted all possible reasonable means to obtain

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compliance may request the Department to seek a court order, pursuant to Section 7(b) of the Act, for isolating such person into a restricted environment until such time as the individual is no longer clinically capable of infecting others or has demonstrated a willingness and ability as shown by reported acts and statements of intention to refrain from behavior that which places others at risk of exposure to the STD. The Department may also seek such a court order on its own initiative.

- d) The provisions of this Section shall also apply to cases in which an isolation order is being sought concurrently with an examination or medical treatment order, when the Department can demonstrative by clear and convincing evidence that treatment must be initiated in a restricted environment because the individual cannot or will not refrain from conduct or activities which place orders at risk of exposure to the STD.

(Source: Amended at 24 Ill. Reg. _____, effective _____)

Section 693.110 Examination and Treatment of Prisoners

- a) A Local Health Authority, or the Department, where applicable, may enter any State, county or municipal detention facility located within its jurisdiction, for the purpose of interviewing, examining or treating any prisoner known or suspected of having an STD. Any such detention facility shall cooperate with the Local Health Authority, or the Department, where applicable, and provide such space as is necessary for the examinations and treatments.
- b) Such examination and treatment shall be voluntary on the part of the prisoner, unless a court-issued warrant is obtained by the Department pursuant to Sections 693.50 or 693.70 of this Part. In cases of noncompliant behavior, the Department may also seek court-ordered isolation pursuant to Sections 693.60 or 693.80 of this Part.
- c) The reporting requirements of Section Sections 693.30 of this Part shall be followed by any physician attending or examining prisoners at these such detention facilities, except that reporting to the Local Health Authority, or Department, where applicable, shall be made within seven five days after diagnosing or treating a reportable STD. The superintendent or other administrator of such detention facility shall provide the physician with all reportable information required by the report form of this Part, to insure that a complete report is filed with the appropriate health authority.
- d) ~~Nothing in this Section shall be construed as relieving the Department of Corrections or any county or municipality of their primary responsibility for providing medical treatment for prisoners under their jurisdiction, including treatment for sexually transmissible diseases~~ (Section 9 (b) of the Act-).
- e) AGENCY NOTE: The provisions of Section 693.110 (a) and (b) do not

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apply to any examination, testing or treatment performed pursuant to Section 5-5-3(g) or (h) of the Uniform Code Corrections [730 ILCS 5/5-5-3] Section--4--of--"AN--Act--in--relation--to--blood--and--acquired immunodeficiency--syndrome"--(Section--4--of--P.A.--85-935)--effective December--9--1987. Section--4--amends Section 5-5-3 of the Unified Code of Corrections# requires to require HIV testing of defendants convicted under Sections 11-14, 11-15, 11-15.1, 11-16, 11-17, 11-18, 11-18.1, 11-19, 11-19.1, 11-19.2, 12-13, 12-14, 12-14.1, 12-15 or 12-16 of the Criminal Code of 1961*, or Section 1 or 2 of the Hypodermic Syringes and Needles Act [720 ILCS 635/1 or 2] "AN--Act--to regulate--the--possession--delivery--sale--or--exchange--of--hypodermic syringes--hypodermic--needles--and--similar--instruments--(11-11-Rev--Stat--1987--chc--38--par--28-59-et--seq.)".

(Source: Amended at 24 Ill. Reg. _____, effective _____.)

Section 693.140 Control Measures

a) The STDs designated pursuant to this Part have the following incubation periods:

- 1) Syphilis: 10 to 90 days, usually 21 days;¹⁷
- 2) Gonorrhea: Usually 2 to 15 days, sometimes 30 days longer;¹⁷
- 3) Chlamydia: Unknown;¹⁷
- 4) AIDS: Unknown -- may be several months to several years;¹⁷
- 5) HIV infection: Seroconversion usually occurs several weeks to six months after infection, sometimes one year or longer;¹⁷
- 6) Chancroid: 3 to 5 days, may be up to 14 days;¹⁷
- 7) Ophthalmia Neonatorum: usually 36 to 48 hours.¹⁷

b) Disinfection

- 1) AIDS/HIV: Concurrent disinfection is required of equipment contaminated by blood, secretions and excretions;
- 2) Syphilitic infants: Cases with florid eruptions are infectious and appropriate precautions and disinfection procedures are required in accordance with CDC Guidelines for Isolation Precautions in Hospitals (See 77 Ill. Adm. Code 690.1000 (d)(1));
- 3) Other STDs: Concurrent disinfection of abnormal discharges and secretions is required;
- 4) "Disinfection" means the inactivation of potentially harmful microorganisms;¹⁷
- 5) Ophthalmia Neonatorum (Gonococcal):
 - A) Isolation is required for the first 24 hours after administration of antibiotic;
 - B) Concurrent disinfection is accomplished by care in disposal of conjunctival discharges and articles soiled therewith;
 - C) Terminal cleaning is required.
- c) Special precautions for AIDS and HIV infection infection
 - 1) Health care personnel and others who provide direct patient care

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providing care to persons with AIDS or HIV infection in facilities such as hospitals, nursing homes, alcoholism treatment or mental health facilities, through outpatient or home health services, shall observe those protective measures as described in the publication "Recommendations for Prevention of HIV Transmission in Health-Care Settings" (Centers for Disease Control and Prevention, MMW 1987, vol. 36, Suppl. no. 25, pages 38-188) and the "Joint Advisory Notice, Department of Labor/Department of Health and Human Services, HBV/HIV" Federal Register, Vol. 52, No. 210, pp. 41818-41823, October 30, 1987.

- 2) Persons with AIDS, HIV infection or increased risk of HIV infection are prohibited from donating blood, plasma, body organs, other tissues or sperm, except for the limited purposes of autologous transfusion, installation, transplantation or injection, or for medical research. Individuals with increased risk of HIV infection include:

- A) Persons who have signs and symptoms suggestive of AIDS (e.g. a combination of two or more of the following: unexpected weight loss of greater than 10% of body weight, chronic fever, chronic lymphadenopathy, night sweats or chronic diarrhea);¹⁷
- B) Persons who have had sexual contact with HIV-infected persons;¹⁷
- C) Males who have had sexual contact with a male anytime since 1977;¹⁷
- D) Persons who have immigrated anytime since 1977 from countries where heterosexual activity is thought to play a major role in transmission of HIV infection, such as Central Africa and Haiti as recognized by the Centers Center for Disease Control and Prevention;¹⁷
- E) Persons who are, or have been, present or past drug users by self-injection;¹⁷
- F) Hemophiliacs;¹⁷ or
- G) Current or former sexual partners of any of the persons listed in this subsection (c)(2) above.
- 3) Blood and plasma collection centers, and organ, tissue and sperm banks shall advise prospective donors, that persons with AIDS, HIV infection or increased risk of HIV infection shall not donate blood, plasma, body organs, other tissues or sperm, except for autologous or medical research purposes.
- 4) When a patient with AIDS or HIV infection or any infectious or communicable disease that could be transmitted through contact with the person's body or bodily fluids dies, the body shall be labeled "infectious hazard" or with an equivalent term to inform any funeral director, embalmer or other person having subsequent contact with the body, to take suitable precautions.
 - A) If an equivalent term is used, it shall not include the words "AIDS", "Acquired Immunodeficiency Syndrome", "ARC",

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"AIDS related complex, "HIV", "Human Immunodeficiency Virus," or other terms synonymous with AIDS, ARC, or HIV. The label shall be prominently displayed on and affixed to the outer wrapper or covering of the body if the body is covered or wrapped in any manner.

- B) When death occurs in a health care facility, the Administrator shall designate a staff member to assure responsibility for such labeling. In all other cases, the attending physician or coroner who certifies the death shall assume responsibility for such labeling. (Section 6 of the Department of Public Health Act [20 ILCS 2305/7] "AN ACT in relation to Public Health"---(fii)---Rev. Stat.---1969,---ch. 111---1/2---Par.---22-057)

- 5) Providers of health care services to the following persons are encouraged to counsel the client or patient on the risks of HIV infection and offer testing for HIV infection, or refer the client or patient to an appropriate local public agency for this purpose:

- A) Persons diagnosed with an STD, or attending an STD clinic;
 B) Persons being treated for, or applying for treatment of drug addiction;
 C) Women attending family planning programs or contemplating pregnancy;
 D) Persons with increased risk of HIV infection (See Section 693.140(c)(2)(A) through (G) of this Part.).

- 6) When a child with AIDS or HIV infection attends school, the Guidelines for Management of Chronic Infectious Diseases in School Children should be observed.

d) Special control measures for ophthalmia neonatorum

- 1) It shall be the duty of any physician, midwife or nurse who attends or assists at the birth of a child, to instill or have instilled in each eye of the new born baby, as soon as possible and not later than one hour after birth, a one percent (1%) solution of silver nitrate or some other equally effective prophylactic for the prevention of ophthalmia neonatorum approved by the State Department of Public Health. (Section 3 of the Infant Eye Disease Act [410 ILCS 215/3])
- 2) The Department approves 1% silver nitrate solution or ophthalmic ointment or drops containing tetracycline or erythromycin as a prophylactic for ophthalmia neonatorum.
- 3) It is the duty of all hospitals and places of childbirth to maintain records, as prescribed by the Department, of cases of ophthalmia neonatorum.
- 4) If gonorrhea is suspected, antepartum treatment of the mother is recommended.
- 5) The local health authority shall investigate the source of infection pursuant to Section 693.40(a) of this Part.

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(Source: Amended at 24 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Rules and Regulations to Carry Out Provisions of Titles XVIII and XIX of the Social Security Act Relating to Skilled Nursing and Intermediate Care Facilities

2) Code Citation: 77 Ill. Adm. Code 420

3) Section Numbers: Proposed Action:

420.1 Repealer
420.2 Repealer
420.10 Repealer
420.20 Repealer
420.30 Repealer
420.40 Repealer
420.50 Repealer
420.60 Repealer
420.61 Repealer

4) Statutory Authority: Section 55.27 of the Civil Administrative Code of Illinois [20 ILCS 2310/55.27]

5) A Complete Description of the Subjects and Issues Involved: These rules were originally adopted to implement provisions of the Social Security Act concerning skilled nursing facilities, as well as an agreement between the Department and the Department of Public Aid relating to implementation of Title XIX of the Social Security Act. The rules are being amended because some Sections duplicate more recent procedures that have replaced them. The Department's authority to carry out inspections under Title XVIII and Title XIX of the Social Security Act is currently provided in two agreements: "Agreement between the Secretary of Health and Human Services and the State of Illinois to carry out the provisions of Sections 1864, 1874 and related provisions of the Social Security Act, as amended," dated June 24, 1985, which covers Title XVIII; and an agreement entitled "Agreement (DPA-DPH) for Utilization Control, Quality Incentive Program and Medicaid Enrollment," dated July 1, 1986, which covers Title XIX.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the notice in the *Illinois Register*.

- 6) Will this Rulemaking Replace an Emergency Rule Currently in Effect? No
7) Does this Rulemaking Contain an Automatic Repeal Date? No
8) Does this Rulemaking Contain Any Incorporations By Reference? Yes

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- 9) Are there any other Proposed Amendments Pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking: Interested persons may present their comments concerning these rules by writing, within 45 days after this issue of the *Illinois Register* to:

Paul Thompson
Division of Legal Services
Illinois Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
(217/782-2043)
[rules@dph.state.il.us]

These rules may have an impact on small businesses. In accordance with Sections 1-75 and 5-30 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Paul Thompson at the above address.

Any small business (as defined in Section 1-75 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:

- A) Type of Small Businesses, Small Municipalities and Not-for-Profit Corporations Affected: None
B) Reporting, Bookkeeping or Other Procedures Required for Compliance: None
C) Types of Professional Skills Necessary for Compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the 2 most recent regulatory agendas because: The State Board of Health did not approve this rulemaking until after the most recent agenda had been published.

The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER C: LONG-TERM CARE FACILITIESIMPLEMENTATION OF RULES-AND-REGULATIONS-TO-CARRY-OUT-PROVISIONS-OF
TITLES XVIII AND XIX OF THE SOCIAL SECURITY
ACT RELATING TO SKILLED NURSING AND
INTERMEDIATE CARE FACILITIES

PART 420

Section

420.1 Authority-- Applicability and Referenced Agreements

420.2 Definitions (Repealed)

420.10 Participation in Title XVIII (Repealed)

420.20 Participation in Title XIX (Repealed)

420.30 Participation in Titles XVIII and XIX (Repealed)

420.40 Standards for Participation (Repealed)

420.50 Change of Ownership (Repealed)

420.60 Denial, Termination or Renewal of Certification of Facilities

420.61 Participating in Title XIX (Repealed)

420.61 Informal Reconsideration (Repealed)

AUTHORITY: Authorized by and implementing Section 55.27 of the Civil
Administrative Code of Illinois [20 ILCS 2310/55.27].SOURCE: Codified at 3 Ill. Reg. 34, p. 227, effective August 25, 1979; amended
at 3 Ill. Reg. 50, p. 293, effective November 30, 1979; amended at 4 Ill. Reg.
45, p. 171, effective October 28, 1980; amended at 6 Ill. Reg. 3875, effective
March 29, 1982; amended at 24 Ill. Reg. _____, effective
_____, effective
_____.

Section 420.1 Authority-- Applicability and Referenced Agreements

The Illinois ~~et~~ these rules are promulgated by the Department of Public Health
designates the Rules for Joint Department Action Against Skilled Nursing
Facilities and Intermediate Care Facilities Participating in the Medicaid
Program (89 Ill. Adm. Code 104) and related provisions as the applicable rules
for this Part under the authority of the following agreements: 7--State--of
Illinois--to--implement--

- a) the Department's agreement with the federal Secretary of Health and
Human Services 7--Education--and--Welfare to carry out the provisions of
Sections Section 1864 and 1874 and related provisions of the Social
Security Act, Title XVIII (42 USC 1395aa et seq.) relating to which
deal with skilled nursing facilities; 7 and
b) the--provisions--of the Department's agreement with the Illinois
Department of Public Aid relating to Utilization Control, Quality
Incentive Program, and Medicaid Enrollment the--Illinois--State--Medicaid
Assistance--Program, Title XIX (42 USC 1396a - 1396k).
The--Department--pursuant--to--Ill--Rev--Stat--1977--ch--1977--per--55-277

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- receives federal funds to carry out the referenced agreements;
b) these rules apply to all facilities as defined in Section 420.2(f)
which participate in or make application to participate in Title XVIII
and/or Title XIX of the Social Security Act; 42 USC 1395-1396k;

(Source: Amended at 24 Ill. Reg. _____, effective
_____, effective
_____.)

Section 420.2 Definitions (Repealed)

a) the term "Department" means the Department of Public Health--State of
Illinois;

b) the term "PPA" means the Department of Public Aid--State of Illinois--
c) the term "Secretary" means the Secretary of Health--Education--and
Welfare;

d) the term "Title XVIII" means the Health--Insurance--for--Aged--and
Disabled Program; 42 USC 1395-1395r;

e) the term "Title XIX" means the Grants--to--States--for--Medical Assistance
Program; 42 USC 1396-1396k;

f) the term "Nursing Home Act" means the Nursing Home Reform Act of 1979,
as amended; Ill--Rev--Stat--1979--ch--111-1/2--par--4151-101-et--seq--

g) the term "facility" means any (a) private home, institute, building,
residence or other place which is subject to the Nursing Home Act; (b)
any hospital--licensed pursuant to the Hospital Licensing Act; (c)
any--hospital--licensed pursuant to the Hospital Licensing Act; (d)
Rev--Stat--ch--111-1/2--par--143--which provides skilled nursing--or
intermediate nursing services; or (e) any home institution or other
place operated by the federal government or agency thereof or by the
State of Illinois which provides skilled nursing or intermediate care
services;

h) the term "Minimum Standards" means the Minimum Standards--Rules--and
Regulations--for--Long-Term--Care Facilities promulgated by the
Department pursuant to the Nursing Home Act and which are currently
on file with the Secretary of State's Office.

(Source: Repealed at 24 Ill. Reg. _____, effective
_____, effective
_____.)

Section 420.10 Participation in Title XVIII (Repealed)

- a) Pursuant to the Department's agreement with the Secretary--Section
1864(f) of the Social Security Act and 42 CFR 405.1082--the Department
will survey each facility participating in Title XVIII at least
annually and make a recommendation to the Secretary as provided for in
paragraph (c) of this Section--the Secretary will determine whether a
provider's facility is eligible to participate in Title XVIII--
providers of skilled nursing services who wish to participate in Title
XVIII must if they are subject to the Nursing Home Act be licensed as
a skilled nursing facility or if they are subject to the Hospital

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Licensing Act--Ill. Rev. Stat. 1977, ch. 111, § 2/2, par. 142, et seq--be licensed--pursuant--thereto--and make application to the Department by submitting a completed SSA-1516 form which may be obtained from the Department--the Department will survey each facility and make a recommendation as provided for in paragraph (c) of this Section--the Secretary shall determine whether the provider's facility is eligible to participate in title XVIII.

c) The Department's recommendation will be made in accordance with the provisions contained in 42 CFR 405.1092--the Department will base its recommendation upon the provider's compliance with the standards for participation contained in Section 420.40 of this title.

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 420.20 Participation in Title XIX (Repealed)

a) A provider who wishes to have his facility participate in title XIX must if subject to the Nursing Home Act (repealed) Section 420.34 of this title) be licensed to operate the facility under that Act or if subject to the Hospital Licensing Act, Ill. Rev. Stat. ch. 111, § 2/2, par. 142, et seq., be licensed pursuant thereto and make application by submitting to the Department a completed SSA-1516 form which may be obtained from the Department.

b) Pursuant to the Department's agreement with IDPA--Section 1996(a)(9) of the Social Security Act and 42 CFR 440.101--each facility participating in or making application to participate in title XIX must be certified by the Department as provided for in 42 CFR Part 442-Subpart G, before IDPA may execute a provider agreement with the facility under 42 CFR 442.12.

c) The Department will certify facilities in accordance with the provisions of 42 CFR Part 442-Subpart G--the Department will base its decision to certify a facility upon the facility's compliance with the standards for participation as set forth in Section 420.40 of these rules--the facility's compliance will be determined by Department surveys of the facility.

d) The Department under 42 CFR 442.110 may not certify a facility for more than twelve (12) months--Each facility certified by the Department must have its certification renewed by the Department before IDPA may execute a new provider agreement with the facility--the requirements for the renewal of certification are the same as those for the certification of a facility which are set forth in paragraph (c) of this Section.

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 420.30 Participation in Titles XVIII and XIX (Repealed)

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a) This Section sets forth the rules applicable to providers of both skilled nursing services and intermediate care services who wish to participate in both titles XVIII and XIX.

b) Providers who wish to participate in titles XVIII and XIX must if subject to the Nursing Home Care Reform Act of 1979, Ill. Rev. Stat. ch. 111, § 2/2, par. 141, 101, et seq., be licensed to operate the facility under that Act or if subject to the Hospital Licensing Act, Ill. Rev. Stat. ch. 111, § 2/2, par. 142, et seq., be licensed pursuant thereto and make application for participation in both titles XVIII and XIX by submitting to the Department a completed SSA-1516 form which may be obtained from the Department.

c) Two separate certification determinations are required for participation in both titles XVIII and XIX--one for the skilled nursing services and one for the intermediate care services.

d) Certification for skilled nursing services is obtained in accordance with Section 420.10(b) and (c) of this title.

e) Compliance with the requirements for certifying the intermediate care services is made by the Department as provided for in Section 420.20(c) and (d) of this title.

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 420.40 Standards for Participation (Repealed)

a) The standards for participation in title XVIII are as follows:

- 1) the provider's facility must meet the Department's Minimum Standards for skilled nursing facilities;

- 2) the provider's facility must meet the federal definitions of a skilled nursing facility contained in 42 USC 1395y(j) and the federal conditions of participation set forth in 42 CFR Part 405-Subpart K;

b) The standards for participation in title XIX are as follows:

- 1) the provider's facility must meet the Department's Minimum Standards for the category of service the facility is licensed to provide;

- 2) if the provider's facility participates or applies to participate in title XIX as a skilled nursing facility it must meet:

- A) the federal definition of a skilled nursing facility contained in 42 CFR 442.202(a) and (b);

- B) the federal conditions of participation set forth in 42 CFR Part 405-Subpart K;

otherwise the facility must meet the federal standards for the category of services provided by the facility which are set forth in 42 CFR Part 442-Subparts B, P, and G;

c) The standards for participation in title XIX for facilities licensed for more than one category of service are the applicable standards contained in paragraph (b) of this Section for each category of

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a service that is to participate in Title XIX.

COMMENT: Pursuant to the Nursing Home Act the Department licenses facilities based on the services provided, the classifications of facilities licensed by the Department are skilled nursing facilities, intermediate care facilities, intermediate care facilities for developmentally disabled, community living facilities, and sheltered care facilities.

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 420.50 Change of Ownership (Repealed)

This Section shall apply to facilities which are certified by the Department for participation in Title XIX and which changes ownership. For purposes of this Section a change of ownership is that described in 42 CFR 460.16. When a facility changes ownership:

- the provisions of 42 CFR 448.14 shall apply;
- the provider shall inform the Department of the change of ownership;
- the Department shall inform the provider who acquires the facility of any existing plan of correction upon which certification was based and the expiration date of the facility's current certification;

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 420.60 Denial, Termination or Nonrenewal of Certification of Facilities Participating in Title XIX (Repealed)

- If the Department takes action to deny, terminate, or not renew a facility's certification, the facility shall be offered the opportunity for an administrative hearing as provided in the Rules for Joint Department Actions Against Skilled Nursing Facilities and Intermediate Care Facilities Participating in the Medicaid Program, which are promulgated jointly by IDPH and IDHS and currently on file with the Secretary of State's Office. Hearings initiated prior to the effective date of this rule shall be conducted by the Department under the requirements set forth in 42 CFR 431.55. The requirements for contested cases set forth in the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1991 ch. 127, par. 109.1 et seq.) and the Department's Rules of Practice and Procedure in Administrative Proceedings which are currently on file with the Secretary of State's Office (Title 77, Part 108).

- If the opportunity for an evidentiary hearing under the requirements set forth in paragraph (a) of this Section is provided after the effective date of a denial, termination, or nonrenewal of the facility's certification, the Department will offer the facility an informal reconsideration as provided for in Section 420.61 of these

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c) Rules and 42 CFR 431.154:

- Once a facility's certification has been terminated or denied prior to re-entry, the facility must comply with Section 420.40 and show compliance on two consecutive surveys approximately 60 days apart from the date of the first re-entry survey. The earliest date which the facility's recertification may begin is sixty (60) days from the date of the facility's first survey to establish eligibility.

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

Section 420.61 Informal Reconsideration (Repealed)

- An informal reconsideration of the Department's decision to deny, terminate, or not renew a facility's certification shall be made by the Department in accordance with the following rules:

- The facility shall be notified in writing of the Department's decision to deny, terminate, or not renew certification. The notification shall include:
 - a reference to the rules involved;
 - a short and plain statement of the basis upon which the Department's decision is made;
 - a statement as to the time and place that the provider may submit a written response refuting the basis of the Department's decision. The date set for receipt of the provider's response shall be at least ten (10) days from the date of receipt of this notice;

- Failure of the provider to submit a written response as provided for in paragraph (b) of this Section shall constitute a waiver of the provider's right to such opportunity;
- Subsequent to receiving and reviewing the provider's response under paragraph (b) of this Section or upon waiver of the opportunity to submit such a response, the Department shall send the provider a written affirmation or reversal of the denial, termination, or nonrenewal. If the Department's decision is to deny, terminate, or not renew the facility's certification, the provisions of Section 420.60(a) shall apply.

(Source: Repealed at 24 Ill. Reg. _____, effective _____)

TEACHER'S RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: The Administration and Operation of the Teachers' Retirement System

2) Code Citation: 80 Ill. Adm. Code 1650

3) Section Numbers: Proposed Action:

1650.1110	New Section
1650.1111	New Section
1650.1112	New Section
1650.1113	New Section
1650.1114	New Section
1650.1115	New Section
1650.1116	New Section
1650.1117	New Section
1650.1118	New Section
1650.1119	New Section
1650.1120	New Section
1650.1121	New Section
1650.1122	New Section

4) Statutory Authority: Implementing and authorized by Article 16 [40 ILCS 5/16] and Article 1, Section 119 [40 ILCS 5/-119] of the Illinois Pension Code.

5) A Complete Description of the Subjects and Issues Involved: Proposed Sections 1650.1110 - 1650.1122 implement recent legislation establishing Qualified Illinois Domestic Relations Orders (QILDROs) found in Article 1, Section 119 of the Illinois Pension Code. The rules explain the System's administration of QILDROs.

In addition, the heading "SUBPART M: RETIREMENT BENEFITS" is being re-designated as "SUBPART N: RETIREMENT BENEFITS" in order to allow the proposed QILDRO rules to be designated as "SUBPART M: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS". Existing Section 1650.2900, Excess Benefit Arrangement, the only Section contained in the "Retirement Benefits" subpart, is not being amended at this time. Only the heading is being amended.

6) Will these proposed amendments replace emergency amendments currently in effect? No

7) Does this rulemaking contain an automatic repeal date? No

8) Do these proposed amendments contain incorporations by reference? No

9) Are there any other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not

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create or expand a state mandate on units of local government.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed amendment may be submitted in writing for a period of 45 days following publication of this Notice to:

Cynthia M. Fain, Assistant General Counsel
Teachers' Retirement System
2815 West Washington, P. O. Box 19253
Springfield, Illinois 62794-9253
(217) 753-0375

12) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

13) Regulatory Agenda on which this rulemaking was summarized: January 2000

The full text of the Proposed Amendments begins on the next page:

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TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES

SUBTITLE D: RETIREMENT SYSTEMS

CHAPTER III: TEACHERS' RETIREMENT SYSTEM OF
THE STATE OF ILLINOIS

PART 1650

THE ADMINISTRATION AND OPERATION OF THE
TEACHERS' RETIREMENT SYSTEM

SUBPART A: REPORTS BY BOARD OF TRUSTEES

Section	
1650.110	Annual Financial Report (Repealed)

SUBPART B: BASIC RECORDS AND ACCOUNTS

Section	
1650.110	Membership Records
1650.120	Claims Records (Repealed)
1650.130	Individual Accounts (Repealed)
1650.140	Ledger and Accounts Books (Repealed)
1650.150	Statistics (Repealed)
1650.160	Confidentiality of Records
1650.180	Filing and Payment Requirements
1650.181	Early Retirement Incentive Payment Requirements
1650.182	Waiver of Additional Amounts Due
1650.183	Definition of Employer's Normal Cost

SUBPART C: FILING OF CLAIMS

Section	
1650.201	Disability Benefits - Application Procedure
1650.202	Disability and Occupational Disability Benefits - Definitions
1650.203	Disability Retirement Annuity - Definitions
1650.204	Gainful Employment - Consequences
1650.205	Medical Examinations and Investigation of Disability Claims
1650.206	Physician Certificates
1650.207	Disability Due to Pregnancy
1650.208	Disability Payments
1650.209	Computation of Annual Salary When Member Has Different Semester Salary Rates
1650.210	Claim Applications
1650.211	Disability Recipient Eligible to Receive an Age or Disability Retirement Annuity
1650.220	Reclassification of Disability Claim (Repealed)
1650.221	When Member Becomes Annuitant
1650.222	Death Out of Service
1650.230	Medical Examinations and Investigations of Claims (Repealed)

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Refunds; Impermissible Refunds; Canceled Service; Repayment

Death Benefits

Evidence of Age

Reversionary Annuity - Evidence of Dependency

Evidence of Parentage

Eligible Child Dependent By Reason of a Physical or Mental

Disability

Evidence of Marriage

Offsets

SUBPART D: MEMBERSHIP AND SERVICE CREDITS

Section	
1650.310	Effective Date of Membership
1650.320	Method of Calculating Service Credits
1650.325	Method of Calculating Service Credit for Recipients of a Disability Benefit or Occupational Disability Benefit
1650.330	Duplicate Service Credit
1650.340	Service Credit for Leaves of Absence
1650.341	Service Credit for Involuntary Layoffs
1650.345	Service Credit for Periods Away From Teaching Due to Pregnancy
1650.346	Service Credit for Periods Away From Teaching Due to Adoption
1650.350	Service Credit for Unused Accumulated Sick Leave Upon Retirement
1650.355	Purchase of Optional Service - Required Minimum Payment
1650.356	Payroll Deduction Program
1650.357	Employer Payment of Member's Optional Service and/or Upgrade Contribution Balance
1650.360	Settlement Agreements and Judgments
1650.370	Calculation of Average Salary (Renumbered)
1650.380	Definition of Actuarial Equivalent
1650.390	Independent Contractors
1650.391	Optional 2.2 Upgrade of Earned and Credited Service
1650.392	2.2 Upgrade of Optional Service Not Credited at Initial Upgrade Application

SUBPART E: CONTRIBUTION CREDITS AND PAYMENTS

Section	
1650.410	Return of Contributions for Duplicate or Excess Service
1650.420	Interest on Deficiencies (Repealed)
1650.430	Installment Payments (Repealed)
1650.440	Small Deficiencies, Credits or Death Benefit Payments
1650.450	Definition of Salary
1650.451	Reporting of Conditional Payments
1650.460	Calculation of Average Salary
1650.470	Rollover Distributions
1650.480	Rollovers to the System

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SUBPART F: RULES GOVERNING ANNUITANTS AND BENEFICIARIES

Section
 1650.505 Beneficiary (Repealed)
 1650.510 Re-entry Into Service
 1650.520 Suspension of Benefits
 1650.530 Power of Attorney
 1650.540 Conservators/Guardians
 1650.550 Presumption of Death
 1650.560 Benefits Payable on Death
 1650.570 Survivors' Benefits
 1650.571 Payment of Monthly Survivor Benefits to a Trust
 1650.575 Full-time Student - Receipt of Survivors Benefits Until Age 22
 1650.580 Evidence of Eligibility
 1650.590 Comptroller Offset
 1650.595 Overpayments

SUBPART G: ATTORNEY GENERALS' OPINION

Section
 1650.605 Policy of the Board Concerning Attorney Generals' Opinion (Repealed)

SUBPART H: ADMINISTRATIVE REVIEW

Section
 1650.610 Staff Responsibility
 1650.620 Right of Appeal
 1650.630 Form of Written Request
 1650.640 Prehearing Procedure
 1650.650 Hearing Procedure
 1650.660 Rules of Evidence

SUBPART I: AMENDMENTS TO BYLAWS AND RULES

Section
 1650.710 Amendments

SUBPART J: RULES OF ORDER

Section
 1650.810 Parliamentary Procedure

SUBPART K: FREEDOM OF INFORMATION ACT REQUESTS

Section
 1650.910 Summary and Purpose
 1650.920 Definitions
 1650.930 Submission of Requests

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1650.940 Form and Content of FOIA Requests
 1650.950 Appeal of a Denial
 1650.960 Executive Director's Response to Appeal
 1650.970 Response to FOIA Requests
 1650.980 Inspection of Records at System Office
 1650.990 Copies of Public Records
 1650.995 Materials Available Under Section 4 of FOIA

SUBPART L: BOARD ELECTION PROCEDURES

Section
 1650.1000 Nomination of Candidates
 1650.1010 Petitions
 1650.1020 Eligible Voters
 1650.1030 Election Materials
 1650.1040 Marking of Ballots
 1650.1050 Return of Ballots
 1650.1060 Observation of Ballot Counting
 1650.1070 Certification of Ballot Counting
 1650.1080 Challenges to Ballot Counting

SUBPART M: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS

Section
 1650.1110 Definitions
 1650.1111 Requirements for a Valid Qualified Illinois Domestic Relations Order
 1650.1112 Curing Minor Deficiencies
 1650.1113 Required Form
 1650.1114 Filing a QILDRO with the System
 1650.1115 Benefits Affected by a QILDRO
 1650.1116 Effect of a Valid QILDRO
 1650.1117 QILDROs Against Persons Who Became Members Prior to July 1, 1999
 1650.1118 Alternate Payee's Address
 1650.1119 Electing Form of Payment
 1650.1120 Automatic Annual Increases
 1650.1121 Reciprocal Systems QILDRO Policy Statement
 1650.1122 Providing Benefit Information for Divorce Purposes

SUBPART N M: RETIREMENT BENEFITS

Section
 1650.2900 Excess Benefit Arrangement

AUTHORITY: Implementing and authorized by Article 16 of the Illinois Pension Code [40 ILCS 5/Art. 16]; Freedom of Information Act [5 ILCS 140]; Internal Revenue Code [26 USC 1 et seq.]; and Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15].

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SOURCE: Filed June 20, 1958; emergency rules adopted at 2 Ill. Reg. 49, p. 249, effective November 29, 1978, for a maximum of 150 days; adopted at 3 Ill. Reg. 9, p. 1, effective March 3, 1979; codified at 8 Ill. Reg. 16350; amended at 9 Ill. Reg. 20885, effective December 17, 1985; amended at 12 Ill. Reg. 16896, effective October 3, 1988; amended at 14 Ill. Reg. 18305, effective October 29, 1990; amended at 15 Ill. Reg. 16731, effective November 5, 1991; amended at 17 Ill. Reg. 1631, effective January 22, 1993; amended at 18 Ill. Reg. 6349, effective April 15, 1994; emergency amendment at 18 Ill. Reg. 8949, effective May 24, 1994, for a maximum of 150 days; emergency modified at 18 Ill. Reg. 12880; amended at 18 Ill. Reg. 15154, effective September 27, 1994; amended at 20 Ill. Reg. 3116, effective February 5, 1996; emergency amendment at 21 Ill. Reg. 483, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 2422, effective January 31, 1997; amended at 21 Ill. Reg. 4844, effective March 27, 1997; emergency amendment at 21 Ill. Reg. 17159, effective December 9, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 7243, effective April 9, 1998; emergency amendment at 22 Ill. Reg. 7314, effective April 9, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 9374, effective May 14, 1998, for a maximum of 150 days; emergency rule modified in response to JCAR Objection at 22 Ill. Reg. 116407; emergency amendment at 22 Ill. Reg. 13151, effective June 29, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 13151, effective August 17, 1998; amended at 22 Ill. Reg. 19079, effective October 1, 1998; amended at 22 Ill. Reg. 22090, effective December 1, 1998; amended at 23 Ill. Reg. 3079, effective February 23, 1999; amended at 24 Ill. Reg. 2440, effective January 27, 2000; amended at 24 Ill. Reg. _____, effective _____.

SUBPART M: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS

Section 1650.1110 Definitions

- a) The definitions in Section 1-119(a) of the Illinois Pension Code (the "Act") [40 ICES 5/1-119(a)] shall apply to the rules contained in this Subpart.
- b) The phrase "death benefit" in Section 1-119(a)(2) of the Act [40 ICES 5/1-119(a)(2)] includes:
 - 1) A refund of any remaining accumulated contributions; or
 - 2) A refund payable to a deceased member's designated beneficiary because the member elected a 2.2 upgrade and dies before making the full upgrade contribution.
- c) The phrase "member's refund" in Section 1-119(a)(5) of the Act [40 ICES 5/1-119(a)(5)] does not include an "error refund" as defined in subsection (d) of this Section.
- d) The phrase "error refund" as used in the rules contained in this Subpart includes:
 - 1) A refund paid to a member as the result of an error in a payment to the System; or
 - 2) A refund payable to a living member resulting from an overpayment

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- e) made by a TRS-covered employer for a 2.2 upgrade. The phrase "disability benefit" in Section 1-119(a)(3) of the Act [40 ICES 5/1-119(a)(3)] includes:
 - 1) A disability benefit under Section 16-149 of the Act [40 ICES 5/16-149];
 - 2) An occupational disability benefit under Section 16-149.1 of the Act [40 ICES 5/16-149.1]; or
 - 3) A disability retirement annuity under Section 16-149.2 of the Act [40 ICES 5/16-149.2].
- f) The phrase "member's retirement benefit" as used in the rules contained in this Subpart means the total amount of the "retirement benefit" as defined in Section 1-119(a)(8) of the Act [40 ICES 5/1-119(a)(8)] that would be payable to the member in the absence of a QIUORO.
- g) The phrase "partial member's refund" as used in the rules contained in this Subpart includes:
 - 1) A refund of survivor benefit contributions;
 - 2) A refund payable to a living member who has elected a 2.2 upgrade, because the member has creditable service in excess of 34 years;
 - 3) A refund payable to a living member who has elected a 2.2 upgrade, because the member is entitled to a 1% reduction in the upgrade contribution for every three full years of creditable service; or
 - 4) A refund payable to a living member who has elected a 2.2 upgrade, because the member failed to make the full upgrade contribution in a timely fashion.

(Source: Added at 24 Ill. Reg. _____, effective _____.)

Section 1650.1111 Requirements for a Valid Qualified Illinois Domestic Relations Order

The System will accept a court order as a valid Qualified Illinois Domestic Relations Order, or "QIUORO," that meets all of the following requirements:

- a) The order must be accompanied by a \$50 non-refundable processing fee, by check payable to the Teachers' Retirement System.
- b) If the order applies to a person who became a member of the System before July 1, 1999, the order must be accompanied by the original Consent to Issuance of QIUORO signed by the member.
- c) The order must have been issued by an Illinois court of competent jurisdiction in a proceeding for declaration of invalidity of marriage, legal separation, or dissolution of marriage that provides for the distribution of property, or any proceeding to amend or enforce such a property distribution.
- d) The order must contain the name, residence address, and Social

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- f) The order must contain the member's Security number of the member.
- g) Security number of the alternate payee.
- h) The order must identify the Teachers' Retirement System as the retirement system to which it is directed.
- i) The order must express any amount to be paid to the alternate payee from a member's retirement benefit as a dollar amount per month.
- j) The order must express any amount to be paid to the alternate payee from a refund as a dollar amount.
- k) The order must not contain formulas or percentages.
- l) The order must apply only to benefits that are statutorily subject to QILDROS as provided in Section 1-119(b)(1) of the Act [40 ILCS 5/1-119(b)(1)].
- m) The order, and if applicable, the Consent to Issuance of QILDRO must be in the form adopted by the System as of the date the order is received.
- n) No language may be added to, or omitted from, the QILDRO form or the consent form adopted by the System.
- o) The order must designate whether the alternate payee will or will not receive automatic annual increases.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1112 Curing Minor Deficiencies

- a) An order containing one or more of the deficiencies enumerated in subsection (b) of this Section may be corrected and resubmitted within 60 days of the date the System sends notice of the deficiency or deficiencies. Such 60-day period is referred to in the rules contained in this Subpart as the "cure period".
- b) Only the following deficiencies may be corrected during the cure period:
- 1) The order is not accompanied by a \$50 non-refundable processing fee, by check payable to the Teachers' Retirement System.
 - 2) The order applies to a person who became a member of the System before July 1, 1999, and is not accompanied by the original Consent to Issuance of QILDRO signed by the member.
 - 3) The consent form accompanying the order is not in the form adopted by the System.
 - 4) The order is not a certified copy of the original.
 - 5) The order omits or inaccurately states the member's name, address, or Social Security number.
 - 6) The order omits or inaccurately states the alternate payee's name, address, or Social Security number.
 - 7) The order does not designate whether the alternate payee will or will not receive automatic annual increases.
 - 8) Any other deficiency determined by the System, in its sole

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- c) If the System receives an order containing one or more deficiencies identified in subsection (b) of this Section, and the order applies to a member who is currently receiving a monthly benefit payment, the System will hold the portion of the member's retirement benefit that would be payable to the alternate payee if the QILDRO were valid, until one of the following occurs:
- 1) The System determines that all deficiencies have been corrected during the cure period; or
 - 2) The cure period expires and one or more deficiencies have not been corrected.
- d) If the System determines that all deficiencies have been corrected during the cure period, the QILDRO will be deemed received as of the date the original order was received.
- e) If the cure period expires and the System determines that one or more deficiencies have not been corrected, the order will be deemed invalid, and any amounts held during the cure period will be paid to the regular payee.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1113 Required Form

- a) A QILDRO must be in the form adopted by the System as of the date that the QILDRO is received. The required QILDRO form is available from the System upon request.
- b) A QILDRO that is not in the form adopted by the System is invalid.
- c) A Consent to Issuance of QILDRO must be in the form adopted by the System as of the date that the QILDRO is received. The required consent form is available from the System upon request.
- d) A constant form that is not in the form adopted by the System in invalid.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1114 Filing a QILDRO With the System

- a) A QILDRO should be sent to the Systems Office of General Counsel, accompanied by the consent form, if applicable, and the \$50 non-refundable processing fee.
- b) A QILDRO will be deemed received by the System on the date that it is received in the Systems Office of General Counsel.
- c) Within 30 calendar days after receipt of a QILDRO, the System will review the order and notify the member and each alternate payee by first class mail that it has received the order, and whether the order is a valid QILDRO. If the System determines that the order is not a

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- valid QILDRO, the notice will specify the reason or reasons.
- d) A QILDRO that has been modified by the issuing court should be submitted in the same manner as the original QILDRO. A separate \$50 non-refundable processing fee is required for each modified QILDRO.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1115 Benefits Affected by a QILDRO

- a) A QILDRO may apply only to the following benefits administered by the System:

- 1) A monthly retirement benefit;
- 2) A single sum retirement benefit;
- 3) A termination refund; and
- 4) A partial member's refund.

- b) If a QILDRO specifies a dollar amount payable to an alternate payee from any partial member's refund that becomes payable, the aggregate amount paid to the alternate payee from all partial member's refunds shall not exceed the dollar amount specified in the QILDRO.

- c) A QILDRO shall not apply to any of the following:

- 1) A death benefit;
- 2) A survivor benefit;
- 3) A disability benefit;
- 4) An occupational disability benefit;
- 5) A disability retirement annuity;
- 6) A Teachers' Retirement Insurance Program ("TRIP") benefit; and
- 7) An error refund.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1116 Effect of a Valid QILDRO

- a) After the System has determined that a QILDRO is valid, one of the following will occur:

- 1) If the member has not yet started receiving benefits, the QILDRO will be placed in the member's file and will be implemented when the first affected benefit payment commences; or
- 2) If the member is already receiving benefits subject to the QILDRO, payment to the alternate payee will begin with the first payment to the member occurring at least 30 days after the QILDRO was received.

- b) If a refund application is pending when the System receives a QILDRO that purports to apply to the refund but the refund payment has not yet been vouchered, the System will hold the portion of the refund that would be payable to the alternate payee until it receives clarification from the court as to whether the QILDRO is effective

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against that pending refund. It is the member's or alternate payee's responsibility to obtain such clarification from the court and to notify the System of the court's clarification.

- c) If a refund payment has already been vouchered when the System receives a QILDRO that purports to apply to the refund, the QILDRO shall not be effective against that refund.

- d) "Vouchered" as used in this Section means that the voucher has been signed and dated, even though the warrant has not been issued by the Office of the State Comptroller.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1117 QILDROs Against Persons Who Became Members Prior to July 1, 1999

- a) A QILDRO that applies to a person who became a member of the System prior to July 1, 1999, must be accompanied by the original Consent to issuance of QILDRO signed by the member. If the original is unavailable, a certified copy of the consent form filed with the court that issued the QILDRO is acceptable in lieu of the original.

- b) The consent to issuance of QILDRO must be in the form adopted by the System as of the date the QILDRO is received. The required consent form is available from the System upon request. A consent form that is not in the form adopted by the System is invalid.

- c) In accordance with Section 1-119(m)(1) of the Act [40 ILCS 5/1-119(m)(1)], a consent form must be signed by the member to whom the QILDRO applies. A consent form signed by a judge in lieu of the member is invalid.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1118 Alternate Payee's Address

- a) An alternate payee is responsible to report to the System in writing of each change in his or her name and residence address.

- b) When a member's retirement benefit or refund subject to a QILDRO becomes payable, the System will send notice to the last address of the alternate payee reported to the System that the benefit or refund is payable. Other than sending such notice, the System shall have no duty to take any other action to locate an alternate payee.

- c) The 180-day period during which the System will hold the retirement benefit or refund as provided in Section 1-119(e)(2) of the Act [40 ILCS 5/1-119(e)(2)] begins on the date that the notice described in subsection (b) of this Section is sent to the last address of the alternate payee reported to the System, or on the date that the retirement benefit or refund becomes payable, whichever is later.

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(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1119 Electing Form of Payment

- a) A member's election either to receive or forego a proportional annuity under the Retirement Systems Reciprocal Act [40 ILCS 5/20] is not a prohibited election under Section 1-119(1)(1) of the Act [40 ILCS 5/1-119(1)(1)].
- b) A member's election to take a refund is not a prohibited election under Section 1-119(1)(1) of the Act [40 ILCS 5/1-119(1)(1)].
- c) A member's election of a form of payment of annuity that reduces the member's total benefit, while still allowing full payment to the alternate payee under a QILDRO at the date of the election, is not a prohibited election under Section 1-119(1)(1) of the Act [40 ILCS 5/1-119(1)(1)].
- d) A member's failure to elect a 2.2 upgrader, or failure to make all upgrade contributions in a timely fashion, is not a prohibited election under Section 1-119(1)(1) of the Act [40 ILCS 5/1-119(1)(1)].

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1120 Automatic Annual Increases

- a) The alternate payee will or will not receive a proportionate share of any automatic annual increase in the member's retirement benefit under Section 16-136.1 of the Act [40 ILCS 5/16-136.1], according to the designation in the QILDRO.
- b) Except as provided in subsection (c) of this Section, the initial increase in the amount due the alternate payee under the QILDRO is payable with the next succeeding increase due the member after the date the QILDRO first took effect.
- c) In the event that the QILDRO first takes effect in the same month that the member's benefit is increased, the alternate payee's initial increase is not payable until the next succeeding increase in the member's benefit.
- d) The System will calculate the amount of any increase payable to the alternate payee under the QILDRO.
- e) The amount of any increase payable to the alternate payee (other than any increase resulting from the member's initial automatic annual increase) is the percentage of increase due the member under Section 16-136.1 or Section 16-136.1 of the Act [40 ILCS 5/16-136.1, 16-136.1], multiplied by the alternate payee's monthly benefit as of the date of the increase.
- f) The amount of any increase payable to the alternate payee resulting from the member's initial automatic annual increase is the percentage of increase due the member under Section 16-136.1 or Section 16-136.1

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of the Act [40 ILCS 5/16-133.1, 16-136.1], multiplied by the alternate payee's monthly benefit as of the date of the increase, multiplied by a fraction, the numerator of which is the number of months elapsed between the effective date of the QILDRO and the date that the initial increase becomes payable, and the denominator of which is the number of months elapsed between the date of retirement and the date that the initial increase becomes payable.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1121 Reciprocal Systems QILDRO Policy Statement

It is the policy of the System to administer QILDROs consistent with the Policy Statement of the Association of Retirement Systems on Qualified Illinois Domestic Relations Orders (the "Reciprocal Systems QILDRO Policy Statement"). To the extent that there is any conflict between the rules contained in this Subpart and the Reciprocal Systems QILDRO Policy Statement, these rules shall control.

(Source: Added at 24 Ill. Reg. _____, effective _____)

Section 1650.1122 Providing Benefit Information for Divorce Purposes

- a) Within 45 days of receiving a subpoena or request from a member, the System will provide a statement for divorce purposes regarding the value of a member's retirement benefit through the last completed school year for which data are on file with the System.
- b) Information provided by the System for divorce purposes does not include the value of a member's retirement benefit accrued during a school year for which data are not yet on file with the System.
- c) Information provided by the System for divorce purposes does not reflect an actuarial opinion as to the present values of a member's retirement benefit, refund, or other interests.
- d) Information provided by the System for divorce purposes reflects the member's total service career for which service credit in the System has accrued, and is not isolated as to the marital period only.
- e) The System does not calculate the amount of a member's retirement benefit or refund that would be payable to a former spouse pursuant to a divorce decree or dissolution judgment.
- f) While the System makes every effort to provide accurate information for divorce purposes, benefit estimates are by their nature approximate and subject to revision due to errors, omissions, erroneous assumptions, or future changes in the rules and laws governing the System.
- g) In accordance with Section 1650.160 of this Part pertaining to the confidentiality of member records, the System does not disclose

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information for divorce purposes to spouses, former spouses, relatives, or other third parties including the member's attorney, except in response to the member's written authorization to release such information, or in response to a subpoena.

(Source: Added at 24 Ill. Reg. _____, effective _____)

SUBPART NM: RETIREMENT BENEFITS

Section 1650.2900 Excess Benefit Arrangement

a) Adoption and Nature of the Arrangement.

1) The Arrangement. The Teachers' Retirement System of the State of Illinois, pursuant to the authority granted to it by 40 ILCS 5/16-116, hereby adopts the Teachers' Retirement System Excess Benefit Arrangement, effective January 1, 1997.

2) Nature of the Arrangement. This Arrangement is a portion of a governmental plan (as that term is defined in Section 414(d) of the Internal Revenue Code of 1986, as amended, and Section 3(32) of the Employee Retirement Income Security Act of 1974, as amended), and is administered as a qualified governmental excess benefit arrangement pursuant to the provisions of Code Section 415(m) (26 U.S.C. 415(m)).

b) Definitions. Each word or phrase defined in this subsection (b) shall have the following meaning whenever such word or phrase is capitalized and used herein, unless a different meaning is clearly required by the context of the Arrangement. The definition of any term in the singular may also include the plural.

- 1) "Annuitant" shall mean a person described in 40 ILCS 5/16-111.1.
- 2) "Arrangement" shall mean the Teachers' Retirement System Excess Benefit Arrangement, as from time to time amended or restated.
- 3) "Code" shall mean the Internal Revenue Code of 1986, as amended.
- 4) "Disability Retirement Annuity" shall mean the annuity payable to an Annuitant pursuant to 40 ILCS 5/16-149.2.
- 5) "Excess Benefit" shall mean the monthly equivalent of the difference between the Unrestricted Benefit and the Maximum Benefit.
- 6) "Maximum Benefit" shall mean the monthly equivalent of the maximum benefit permitted by Code Section 415 to be paid an Annuitant or beneficiary under the Retirement Plan during any limitation year of the Retirement plan.
- 7) "Member" shall mean a person who is a Member as that term is defined in 40 ILCS 5/16-107.
- 8) "Retirement Annuity" shall mean an annuity payable to an Annuitant pursuant to 40 ILCS 5/16-132 through 16-136.4.
- 9) "Retirement Plan" shall mean the retirement plan administered by the Teachers' Retirement System pursuant to 40 ILCS 5/Art. 16.

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- 10) "Survivor Benefit Annuity" shall mean an annuity payable from the Retirement Plan to a beneficiary or beneficiaries of a Member or Annuitant as a result of the death of the Member or Annuitant pursuant to 40 ILCS 5/16-141 through 16-143.2.
- 11) "System" shall mean the Teachers' Retirement System of the State of Illinois.
- 12) "Unrestricted Benefit" shall mean the maximum monthly Retirement Annuity, Disability Retirement Annuity, or Survivor Pension Annuity benefit payable under Article 16 of the Illinois Pension Code (40 ILCS 5/Art. 16), whichever is applicable, determined without regard to the limitation of the Code imposed under Code Section 415.

c) Excess Benefits.

- 1) An Annuitant who is receiving a Retirement Annuity as provided under the Retirement Plan shall be entitled to receive an Excess Benefit for any month in which the Annuitant receives a Retirement Annuity benefit payment.
- 2) An Annuitant who is receiving a Disability Retirement Annuity as provided under the Retirement Plan shall be entitled to receive an Excess Benefit for any month in which the Annuitant receives a Disability Retirement Annuity benefit payment.
- 3) Upon the death of a Member or Annuitant whose beneficiary or beneficiaries are eligible for an annuity under the Retirement Plan, the Member's or Annuitant's beneficiary or beneficiaries who are receiving a Survivor Benefit Annuity shall be entitled to receive an Excess Benefit for any month in which the beneficiary or beneficiaries are receiving a Survivor Benefit Annuity.
- 4) Benefit Payment: A benefit payable under this subsection (c) shall be paid at such time or times and in such form to the Annuitant or his or her beneficiary as the benefit under the Retirement Plan would be paid. The Annuitant shall have the right to receive as a portion of his or her first payment hereunder an amount equal to the sum of the Excess Benefits otherwise payable to him or her since January 1, 1995, had this arrangement been in effect as of January 1, 1995.
- d) Administration of the Arrangement.
 - 1) Administrator: The Arrangement shall be administered by the System, which shall have the authority to interpret the Arrangement and issue such regulations as it deems appropriate. The System shall have the duty and responsibility to maintain records, making the requisite calculations and disbursing the payments hereunder through the Comptroller of the State of Illinois. The System's interpretations, determinations, regulations, and calculations shall be final and binding on all persons and parties concerned.
 - 2) Amendment and Termination: The System may amend or terminate the Arrangement at any time, provided, however, that no such amendment or termination shall adversely affect a benefit to

TEACHER'S RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

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which a Member or an Annuitant or his or her beneficiary is entitled under subsection (c) prior to the date of such amendment or termination unless the Member or Annuitant becomes entitled to an amount equal to such benefit under another arrangement, plan or practice adopted by the System.

3) Payments: The System will pay all benefits arising under this Arrangement and all costs, charges, and expenses relating thereto through appropriations received from the State of Illinois, except those costs normally borne by other agencies or offices of the State of Illinois.

4) Non-assignability of Benefits: The benefits payable hereunder or the right to receive future benefits under the Arrangement may not be anticipated, alienated, pledged, encumbered, or subjected to any charge or legal process.

5) Status of Arrangement: Nothing contained herein shall be construed as providing for assets to be held in trust or escrow or any other form of asset segregation for the Annuitant or for any other person or persons to whom benefits are to be paid pursuant to the terms of this Arrangement, the Annuitant's only interest hereunder being the right to receive the benefits set forth herein. To the extent the Annuitant or any other person acquires a right to receive benefits under this Arrangement, such right shall be no greater than the right of any unsecured, general creditor of the State of Illinois.

6) Applicable Law: All questions pertaining to the construction, validity, and effect of this Arrangement shall be determined in accordance with the laws of the United States and, to the extent not pre-empted by such laws, by the laws of the State of Illinois.

7) Forfeiture Provisions: All rights to any benefits payable under this Arrangement, including the payment of any unpaid benefit installments, shall be immediately forfeited if the Member's or Annuitant's right to receive an annuity benefit under the Retirement Plan is terminated in accordance with 40 ILCS 5/16-199.

(Source: Added at 21 Ill. Reg. 4844, effective March 27, 1997)

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1) Heading of the Part: College Savings Pool

2) Code Citation: 23 Ill. Adm. Code 2500

Section Numbers:	Proposed Action:
2500.10	New Section
2500.20	New Section
2500.30	New Section
2500.40	New Section
2500.50	New Section
2500.60	New Section
2500.70	New Section
2500.80	New Section
2500.90	New Section
2500.100	New Section
2500.110	New Section
2500.120	New Section
2500.130	New Section

4) Statutory Authority: 15 ILCS 505/16.5

5) A Complete Description of the Subjects and Issues Involved: Pursuant to Public Act 91-0607, the proposed rules cover the establishment and administration by the Treasurer of a qualified State tuition program under Section 529 of the Internal Revenue Code (26 USC 529). This rulemaking sets forth definitions and other administrative rules needed for the implementation and administration of the new College Savings Pool. Participation requirements, investment policy, record keeping, and other requirements of the program are also set forth in the rules.

6) Will this proposed rulemaking replace an emergency rule currently in effect? Yes

7) Does this rulemaking contain an automatic repeal date? No

8) Does this rulemaking contain incorporation by reference? No

9) Are there other proposed amendments pending on this Part? No

10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805/3(b)].

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on this rulemaking may be submitted in writing for a period of 45 days following publication of this notice to:

Matthew A. Clarke

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Office of the Illinois State Treasurer
100 W. Randolph Street, Suite 15-600
Chicago, Illinois 60601
(312) 814-8950

12) Initial Regulatory Flexibility Analysis:

- A) Types of small businesses, small municipalities and not for profit corporations affected: Financial institutions that participate in the Program would be required to provide general information.
- B) Reporting, bookkeeping and other procedures required for compliance: Participating financial institutions are to provide information concerning their institution on an application prepared by the Treasurer's Office for new accounts in the College Savings Program.
- C) Types of skills necessary for compliance: Participating financial institutions would already possess the necessary skills for compliance.

13) Regulatory Agenda on which this rulemaking was summarized: July 1999

The full text of the Proposed Rules begins on the next page:

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TITLE 23: EDUCATION AND CULTURAL RESOURCES
CHAPTER XVI: TREASURER

PART 2500
COLLEGE SAVINGS POOL

Section	Purpose
2500.10	Definition of Terms
2500.20	Participation Requirements
2500.30	Deposits at Participating Financial Institutions
2500.40	Investment Policy
2500.50	Record Keeping
2500.60	Withdrawals
2500.70	Administrative Expenses
2500.80	Account Limits
2500.90	Debt
2500.100	Program Documents
2500.110	Private Contractors
2500.120	Amendment of Rules
2500.130	

AUTHORITY: Implementing and authorized by Section 16.5 of the State Treasurer Act [15 ILCS 505/16.5].

SOURCE: Adopted by emergency rule at 24 Ill. Reg. 6118, effective March 24, 2000, for a maximum of 150 days; adopted at 24 Ill. Reg. _____, effective _____.

Section 2500.10 Purpose

The Treasurer shall establish and administer the pool as a qualified State tuition program under Section 529 of the Code, thus providing participants with the federal tax benefits provided in Section 529 of the Code. The pool shall be structured to enable participants to own an interest in a pool of assets, which may include, but need not be limited to, equities, bonds, money market instruments, financial institution deposits or investment funds consisting primarily of such assets. The Treasurer in a manner that is in compliance with federal and State securities laws shall issue interests in the pool. The Treasurer shall hold the assets of the pool in trust for the benefit of the participants and designated beneficiaries. In order to qualify the pool as a qualified state tuition program under Section 529 of the Code and to so hold such assets of the pool in trust, the Treasurer may create a trust by declaration of trust. The trust shall be an instrumentality of the State of Illinois.

Section 2500.20 Definition of Terms

The following definitions shall apply to this Part:

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"Act": Public Act 91-0607 of the State of Illinois, which created Section 16.5 (College Savings Pool) of the State Treasurer Act [15 ILCS 505/16.5].

"Administrative Expenses": All expenses associated with the implementation, administration and marketing of the pool, including fees payable to third parties providing services related to the implementation, administration and marketing of the pool. Investment expenses such as the internal fees and expenses of an investment fund in which assets of the pool are invested and other similar expenses shall not be considered administrative expenses.

"Account": An individual investment account established and maintained in the pool.

"Applicant": Any person that is in the process of applying to open an account in the pool.

"Code": The Internal Revenue Code of 1986, as amended (26 USC 1 et seq.).

"Deposits": The deposits to be made by the Treasurer on behalf and for the benefit of the account owners with financial institutions accepting deposits, as required by the Act.

"Designated Beneficiary": The designated individual whose qualified expenses are expected to be paid from an account. A designated beneficiary may be the individual designated on the application, a new beneficiary in the case of a change of beneficiaries, or an individual receiving a scholarship from the State, a local government, or a not-for-profit corporation.

"Earnings": The aggregate total of all dividends and interest income received by the College Savings Pool, at any time following the pool's commencement. Such aggregate total of dividends and interest income shall be reduced by the aggregate total of administrative expenses paid out of the pool at any time following the commencement of the pool. Earnings shall be determined without regard to realized or unrealized capital gains and losses incurred by the pool.

"Institutions of Higher Education": Educational institutions that are described in Section 481 of the Higher Education Act of 1965 (20 USC 1988), as in effect on August 5, 1997, and are eligible to participate in a program under Title VI of that Act. The term may include, but is not limited to, community colleges, public and private four-year colleges, universities, graduate and post-graduate programs and certain proprietary and vocational schools.

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"Participant": An owner of an account on behalf of a designated beneficiary.

"Participating Financial Institution": Any financial institution insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration and lawfully doing business in the State of Illinois, and any credit union lawfully doing business in the State of Illinois that has executed a selling agreement with the Treasurer or his or her agent.

"Pool": The College Savings Pool authorized to be established under the Act.

"Prevailing Interest Rate": The interest rate offered by a participating financial institution to an ordinary customer seeking to deposit a given amount of money at the institution. The prevailing interest rate may be lower than the rate that is offered to certain preferred customers.

"Qualified Expenses": To the extent treated as "qualified higher education expenses" under Section 529 of the Code, tuition, fees, books, supplies, equipment and costs for room and board (subject to certain limits).

"Treasurer": The duly elected Treasurer of the State of Illinois or his or her designee or designees, which may include one or more third party service providers.

Section 2500.30 Participation Requirements

- a) Participants on behalf of designated beneficiaries shall make contributions to the pool. Any person residing in the United States at the time the account is processed may be a participant. Any person may be a designated beneficiary. Contributions may be made only in cash and not in property. Cash contributions may be made by check, money order or similar methods. Cash contributions may not be made by credit card.
- b) New accounts in the pool shall be processed through participating financial institutions. A participating financial institution may charge a processing fee that does not exceed \$30 until the year 2001, to a participant to open an account in the pool. Participating financial institutions shall be responsible for collecting the processing fee directly from an applicant. On January 2, 2001 and on January 2 of every year thereafter, the Treasurer shall adjust the maximum processing fee based on the Consumer Price Index for the North Central Region as published by the United States Department of Labor, Bureau of Labor Statistics for the immediately preceding calendar year. Participating financial institutions shall be notified by the

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Treasurer or its agent of such adjustment.

- c) The Treasurer shall create applications for participation in the pool to be completed by the applicant and the participating financial institution. The applicant and the participating financial institution shall be responsible for providing all of the information requested by the Treasurer. The Treasurer shall keep all information received from applicants confidential and may only share the information with third parties to the extent required to operate the pool. Participating financial institutions shall be required to provide information regarding the participating financial institution on the application to enable the Treasurer to open an account for the applicant and verify that the account was processed through a participating financial institution. Applications that have the relevant section completed by the participating financial institution shall be deemed to be processed through the participating financial institution. Completed applications must be sent to a mailing address specified in the application form.
- d) Applications shall include an initial contribution to the pool of an amount that is at least \$25 in the form of a check or money order payable to the pool. Applications that are incomplete and applications that fail to meet the guidelines established by the Treasurer in an effort to comply with Section 529 of the Internal Revenue Code shall be rejected.
- e) Subsequent contributions to the pool shall be in an amount of at least \$15 and may be made by the participant directly to the pool. Subsequent contributions may be made electronically or in the form of a check or money order, payable to the pool.

Section 2500.40 Deposits at Participating Financial Institutions

- a) The Treasurer shall make a percentage of each account processed by a participating financial institution available for investments as deposits in participating financial institutions. Unless a participating financial institution elects not to accept the deposits or is prohibited by law from accepting the deposits, the Treasurer will make deposits in such participating financial institution in an amount that is at least as great as the percentages provided in the Act, provided that the deposit is federally insured or fully collateralized. The required percentage of each account to be invested in these deposits shall be invested in all participating financial institutions accepting deposits.
- b) The Treasurer shall make all deposits required by the Act at least annually. A participating financial institution that elects to accept deposits shall be entitled to receive the deposits related to the accounts processed through the participating financial institution as long as the accounts exist, unless the institution is prohibited by law from accepting the deposits. A participating financial institution may choose to revoke its election to accept deposits for

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existing accounts or may assign its right to those deposits to another participating financial institution that accepts these deposits. If a participating financial institution revokes its election to accept deposits for existing accounts, the Treasurer shall invest the deposits to which the participating financial institution would otherwise be entitled in one or more participating financial institutions selected by the Treasurer. The Treasurer shall, until each annual adjustment date, invest in deposits at financial institutions selected by the Treasurer. The Treasurer may aggregate multiple deposits to a participating financial institution.

- c) Participating financial institutions shall offer to the College Savings Pool their full range of deposit products at prevailing interest rates. Participating financial institutions shall make time deposits available to the pool at prevailing interest rates for certificates of deposit whether or not the amounts of the deposits meet the minimum investment amount required to purchase certificates of deposit. The Treasurer may require that, when a time deposit is redeemed in part prior to maturity, the participating financial institution will apply any penalty only to the redeemed portion and not to the non-redeemed portion of the time deposit. The Treasurer may require participating financial institutions to provide written confirmation that the rates offered to the pool are prevailing interest rates.
- d) The deposits in participating financial institutions shall be pooled.
- e) To the extent that a deposit is not insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration, the Treasurer shall require that the deposit is fully collateralized in accordance with collateralization guidelines developed by the Treasurer.

Section 2500.50 Investment Policy

The Treasurer shall select the investment options to be offered by the pool to the participants. The Treasurer shall, by the commencement date of the pool and by July 1 of each year thereafter, develop, publish and implement an investment policy covering the investment of monies in the pool. Such policy may be amended at any time and shall be published 30 days prior to implementing the policy in accordance with the Act. The investment policy shall govern the investment of accounts, including the investment options available to participants. No participant or designated beneficiary may directly or indirectly direct the investment of any contributions to an account or any earnings on an account. The investment strategy may not be changed by the participant after it is selected at the time the initial contribution establishing the account is made. Such investment policy shall permit monies in the pool to be invested in the same manner and in the same types of investments, and subject to the same limitations provided for the investment of monies by the State Board of Investments.

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Section 2500.60 Record Keeping

The Treasurer shall maintain records that enable the Treasurer to produce a report for each account in the pool at least annually that documents the account balance and investment earnings. There shall be a separate accounting for each account and contributions to each account and any earnings attributable to the account must be allocated to the appropriate account. The Treasurer shall provide, or cause to be provided, to each participant and to the participating financial institution at which the account was processed, at least annually, an account statement showing the total account balance, the investment in the account, and earnings and distributions from the account.

Section 2500.70 Withdrawals

- a) There shall be no penalty assessed for withdrawals for qualified expenses, withdrawals for expenses other than qualified expenses upon the death or disability of the designated beneficiary, or for withdrawals for expenses other than qualified expenses if the designated beneficiary receives a scholarship (or allowance or payment described in Section 135(d)(1)(b) or (c) of the Code) that equals or exceeds the distribution. In addition, no penalty shall be assessed on a transfer from an account of a designated beneficiary to an account of another designated beneficiary that is a member of the family of the original designated beneficiary. Also, no penalty shall be assessed on a distribution from an account of a designated beneficiary that is deposited within 60 days after the distribution into an account of another designated beneficiary that is a member of the family of the original designated beneficiary. "Family" is defined in Section 529(e) of the Code.

- b) For all withdrawals or distributions other than those listed in subsection (a), the Treasurer shall assess a penalty, at the time the distribution is made, of 10% of the earnings, and may also assess a penalty to cover costs associated with the redemption of deposits prior to maturity. The calculation of the portion of a distribution that constitutes earnings subject to this penalty shall be in accordance with the provisions of Section 529 of the Code.

- c) The Treasurer shall implement practices and procedures to identify whether a distribution is subject to a penalty and to collect any penalty that is due. These practices and procedures shall meet the safe harbor requirements under Section 529 of the Code and the regulations promulgated under that statute.

Section 2500.80 Administrative Expenses

- a) The administrative expenses of the College Savings Pool shall be paid from its earnings.
- b) Administrative expenses shall be paid from earnings and shall be allocated among the pool's underlying investment portfolios in an

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equitable manner determined by the Treasurer. Investment earnings in excess of the administrative expenses of the pool and all monies collected by the pool as penalties as a result of withdrawals that are not used to pay qualified expenses, after the payment of expenses shall be credited or paid monthly to participants in the pool in a manner that equitably reflects the differing amounts of their respective investments in the pool and the differing periods of time for which those amounts were in the custody of the pool, and shall be allocated among the pool's underlying investment portfolios in a manner equitably determined by the Treasurer.

- c) In the event that the Treasurer is obligated to pay administrative expenses of the pool, but the pool has insufficient earnings to make such payment, the obligation to pay the administrative expenses may accrue, but the Treasurer shall not pay the administrative expenses until such time as the pool has sufficient earnings to support such payment.
- d) The Treasurer may permit a third party service provider to provide compensation to participating financial institutions or other financial services providers that promote the pool to their customers, provided that the cost of the compensation is not passed on to participants.

Section 2500.90 Account Limits

No participant may make a contribution to an account if the contribution would result in the aggregate balance of all accounts under all qualified state tuition programs qualifying under Section 529 of the Code for a particular designated beneficiary exceeding the account balance limit established by the Treasurer. The Treasurer shall establish and annually review the account balance limit by estimating the amount of savings that would be required to pay qualified expenses for five years of enrollment at the most expensive institution of higher education, taking into account expected increases in the costs of higher education and the expected rate of earnings. The account balance limit shall be the same for all accounts of designated beneficiaries with the same expected year of enrollment, and may be the same for all accounts in the pool.

Section 2500.100 Debt

The pool may not incur any indebtedness. The interests of the participants and the designated beneficiaries shall not be treated as indebtedness under this Section.

Section 2500.110 Program Documents

In order to establish and administer the pool, the Treasurer may enter into all necessary documents and instruments with terms and provisions that shall not be inconsistent with the Act, Section 529 of the Code and the regulations

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promulgated under the Code, or this Part.

Section 2500.120 Private Contractors

The Treasurer may select one or more entities to assist the Treasurer in managing the pool. However, the Treasurer shall set all terms and conditions of the pool. The Treasurer shall be responsible for selecting, supervising, monitoring, auditing and terminating any private contractor that provides services under the pool. The Treasurer shall hold any such private contractors to the same standards and requirements that apply when private contractors handle funds that belong to the State.

Section 2500.130 Amendment of Rules

- a) Notice of any proposed amendment to this Part shall be provided to all participants prior to adoption.
- b) Any amendment to this Part shall only apply to contributions made after the adoption of the amendment.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Advisory Councils

2) Code Citation: 89 Ill. Adm. Code 515

3) Section Numbers: Adopted Action:

515.100 Amended
515.110 Amended
515.120 Amended
515.130 Amended
515.140 Amended
515.150 Amended
515.410 Amended
151.430 Amended

4) Statutory Authority: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3]; and Sections 5-505 and 5-550 of the Civil Administrative Code of Illinois [20 ILCS 5-505 and 5-550]; and the Bureau of the Blind Act [20 ILCS 2410]; and Section 6 of the Head and Spinal Cord Injury Act [410 ILCS 515/6].

5) Effective Date of Rulemaking: March 31, 2000

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: October 29, 1999, 23 Ill. Reg. 13176

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version:

In the Authority section, changed "6.23" and "8" to "5-505" and "5-550"
In Section 515.100, struck "6.23" and added "5-550".
In Section 515.110(j), struck "6.23" and added "5-550".
In Section 515.110(q), struck "6.23" and added "5-550".
In Section 515.120(e), struck "6.23" and added "5-550".
In Section 515.130(c), struck "6.23" and added "5-550".
In Section 515.150(c), struck "6.23" and added "5-550".
In Section 515.110(d), changed "6.23" to "5-550".
In Section 515.150(c), struck "6.23" and "8" and added "5-550" and "5-505".
In Section 515.120(j), added "State" after "Illinois".
In Section 515.430(a), struck "(i)", "(ii)", "(iii)" and "(iv)".

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NOTICE OF ADOPTED AMENDMENTS

In Section 515.430(b), added "i" after "that" and struck "(i)"; added "j" after "term" and struck "(ii)".

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace an emergency amendment currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: This rulemaking amends this Part to make the Part consistent with the new federal amendments to the Rehabilitation Act and the Illinois statutes. These amendments require changes to the makeup of the State Rehabilitation Council and the Statewide Independent Living Council.

16) Information and questions regarding these adopted amendments shall be directed to:

Ms Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Springfield, Illinois 62762
(217) 785-9772

The full text of the adopted amendments begins on the next page:

DEPARTMENT OF HUMAN SERVICES
NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 515
ADVISORY COUNCILS

SUBPART A: STATE REHABILITATION ADVISORY COUNCIL

Section
515.100
515.110
515.120
515.130
515.140
515.150

State Rehabilitation Advisory Council
Powers and Duties
Composition
Meetings
Terms of Membership
General Provisions

SUBPART B: CONSUMER ADVISORY COUNCILS

Section
515.200

Consumer Advisory Councils

SUBPART C: FACILITY ADVISORY COUNCILS

Section
515.300

Facility Advisory Councils

SUBPART D: STATEWIDE INDEPENDENT LIVING COUNCIL

Section
515.400
515.410
515.420
515.430
515.440
515.450

Statewide Independent Living Council
Composition
Meetings
Membership Terms
Powers and Duties
General Provisions

SUBPART E: BLIND SERVICES PLANNING COUNCIL

Section
515.500

Blind Services Planning Council

SUBPART F: ADVISORY COUNCIL ON SPINAL CORD AND HEAD INJURIES

Section
515.600
515.610
515.620

Advisory Council on Spinal Cord and Head Injuries
Powers and Duties
Composition

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515-630 Meetings
515-640 Membership Terms
515-650 General Provisions

AUTHORITY: Implementing Section 3 of the Disabled Persons Rehabilitation Act [20 ILCS 2405/3]; and Sections 5-505 and 5-550 of the Civil Administrative Code of Illinois [20 ILCS 5-505 and 5-550]; and the Bureau for the Blind Act [20 ILCS 2410]; and Section 6 of the Head and Spinal Cord Injury Act [410 ILCS 515/6].

SOURCE: Adopted and codified at 7 Ill. Reg. 8127, effective June 24, 1985; amended at 8 Ill. Reg. 1975, effective February 1, 1984; amended at 12 Ill. Reg. 17942, effective October 24, 1988; amended at 15 Ill. Reg. 7211, effective April 26, 1991; emergency amendment at 17 Ill. Reg. 11589, effective July 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 10278, effective November 15, 1993; amended at 18 Ill. Reg. 11623, effective July 7, 1994; amended at 20 Ill. Reg. 10162, effective July 16, 1996; recodified from the Department of Rehabilitation Services to the Department of Human Services at 21 Ill. Reg. 9325; amended at 23 Ill. Reg. 3957, effective March 19, 1999; amended at 24 Ill. Reg. 6399, effective MAR 31 2000.

SUBPART A: STATE REHABILITATION ADVISORY COUNCIL

Section 515.100 State Rehabilitation Advisory Council

The State Rehabilitation Advisory Council (SRAC) is established for the purpose of advising the Secretary of the Department of Human Services (DHS) and the vocational rehabilitation administrator ~~Vocational--Rehabilitation Administrator~~ (i.e., the Office of Rehabilitation Services (DHS-ORS) Associate Director) of the provisions of the Federal Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990 in matters concerning individuals with disabilities and the provision of rehabilitation services [20 ILCS 515-5506-723].

(Source: Amended at 24 Ill. Reg. 6399, effective MAR 31 2000)

Section 515.110 Powers and Duties

Powers and duties of the SRC SRAC in respect to the operation of DHS-ORS include:

- To consider and study the subject of rehabilitation as it relates to the programs and purpose of DHS;
- To recommend to the Associate Director of DHS-ORS, on its initiative, policies and practices which shall be duly considered;
- To give advice or make recommendations to the Governor and the General Assembly when so requested or on its own initiative;
- To investigate the conduct of the work of DHS-ORS, and for this

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- To keep minutes of each meeting which shall be filed with the Associate Director of DHS-ORS and available for public review;
- To give notice of the time and date of each meeting to the Governor, the Secretary and the vocational rehabilitation administrator ~~Vocational--Rehabilitation--Administrator~~ to permit them to attend meetings and to be heard upon any matter coming before the SRC SRAC;
- To prepare and submit to the vocational rehabilitation administrator ~~Vocational--Rehabilitation--Administrator~~ of such reports and findings as he/she may request or as the Council deems fit and proper and submit such reports and findings to the Governor and the Commissioner for the Rehabilitation Services Administration of the U.S. Department of Education;

- To select jointly with the vocational rehabilitation administrator ~~Vocational--Rehabilitation--Administrator~~ a pool of qualified persons to serve as impartial hearing officers [20 ILCS 515-5506-723];
- To the extent feasible, to conduct a review and analysis of the effectiveness of, and consumer satisfaction with:
 - the functions performed by DHS-ORS and other public and private service providers; and
 - VR services provided, or paid for, through DHS-ORS or any other source;
- To coordinate the activity of the SRC SRAC with the Independent Living Council (see 89 Ill. Adm. Code 515: Subpart D) and other advisory councils of DHS-ORS and the State Advisory Council on Education of the Handicapped, the Illinois Planning Council on Developmental Disabilities, the Planning Council on Mental Health, and other appropriate entities;
- To provide for coordination and establishment of working relationships between DHS-ORS and the Statewide Independent Living Council and centers for independent living throughout Illinois;

- To review the State Plans to be submitted to the Commissioner of the Rehabilitation Services Administration of the U.S. Department of Education;
- To develop, in tandem with DHS-ORS, written policies and procedures to enable each customer to make informed choices regarding his/her rehabilitation program; and
- To review and comment on plans, policies, and procedures relating to recruitment, preparation, and retention of qualified staff, personnel standards, and staff development. This is not to be construed to mean that SRC SRAC shall have input into individual personnel transactions

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regarding DHS-ORS staff (e.g., hirings, promotions, disciplinary action taken against an employee); and

- g) To review, with the vocational rehabilitation unit of the Department, jointly develop, agree to, and review annually State goals and priorities and jointly submit annual reports of progress to the federal Commissioner of Rehabilitation Services Administration. [20 ILCS 5/5-5501]

(Source: Amended at 24 Ill. Reg. 6399, effective MAR 31 2000)

Section 515.120 Composition

- a) The SRC SRAG shall consist of 25 persons appointed by the Governor after soliciting recommendations from representatives of organizations representing a broad range of individuals with disabilities and organizations interested in individuals with disabilities.

1) The Governor shall appoint to this Council, or the Council, if the Governor delegates that power to the Council by executive order, shall appoint the following:

- A) One representative of a parent training center established in accordance with the Federal Individuals with Disabilities Education Act.
- B) One representative of the client assistance program (CAP) or other individual recommended by CAP.

- C) One vocational rehabilitation counselor who has knowledge of and experience with vocational rehabilitation programs (if an employee of the Department is appointed, that appointee shall serve as an ex officio, non-voting member).

- D) One representative of community rehabilitation program service providers.

- E) Four representatives of business, industry, and labor.

- F) Eight representatives of disability advocacy groups representing a cross section of the following:

- 1) Individuals with physical, cognitive, sensory, and mental disabilities; and
- 2) parents, family members, guardians, advocates, or authorized representatives of individuals with disabilities who have difficulty in representing themselves or who are unable, due to their disabilities, to represent themselves.

- G) One current or former applicant for, or recipient of, vocational rehabilitation services.

- H) Three representatives from secondary or higher education.

- I) One representative of the State Workforce Investment Board.

- J) One representative of the Illinois State Board of Education who is knowledgeable about the Individuals with Disabilities Education Act.

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- 2) In addition, the chairperson of, or a member designated by, the Statewide Independent Living Council created under Section 12a of the Disabled Persons Rehabilitation Act, the chairperson of the Blind Services Planning Council created under the Bureau for the Blind Act, and the Vocational Rehabilitation Administrator shall serve as ex officio members. The vocational rehabilitation administrator shall have no vote.

- b) The Council shall select, from its voting membership, a chairperson. The chairperson and at least 12 of other members of the Council shall have a recognized disability.

- c) One member shall be a senior citizen age 60 or over.

- d) A majority of the Council members shall not be employees of DHS [20 ILCS 5/5-5506+23].

(Source: Amended at 24 Ill. Reg. 6399, effective MAR 31 2000)

Section 515.130 Meetings

- a) The SRC SRAG shall meet at least 4 times per year at times and places designated by the chairperson upon 10 days written notice to the members. A schedule of these meetings shall be developed so that public notice of the dates, times, and locations of the regularly scheduled meetings will be posted at the beginning of the calendar year at appropriate DHS administrative offices. Copies of the public notice will also be provided to news media upon written or oral request.

- b) Special meetings may be called by the chairperson or 7 members of the Council upon 7 days written notice to the other members. Public notice of the date, time, location and agenda of any special meeting will be posted at appropriate DHS administrative offices at least 24 hours in advance of the meeting and in accordance with Sections 2.02 and 2.03 of the Open Meetings Act [5 ILCS 120/2.02 and 2.03].

- c) Nine members shall constitute a quorum. [20 ILCS 5/5-5506+23]

- d) Meetings shall be open to the public, except that meetings or portions of meetings may, upon a majority vote of a quorum present, be declared closed, in accordance with Sections 2 and 2a of the Open Meetings Act [5 ILCS 120/2 and 2a].

- e) The proceedings of meetings may be recorded in accordance with Section 2.05 of the Open Meetings Act [5 ILCS 120/2.05], which allows any person to record a meeting required to be open unless a witness testifying before the Council refuses to testify on the basis that his or her testimony will be broadcast or televised or that motion pictures will be taken during testimony. If such refusal occurs, recording shall be prohibited.

(Source: Amended at 24 Ill. Reg. 6399, effective MAR 31 2000)

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Section 515.140 Terms of Membership - ~~Terms~~

- a) All members shall be appointed for staggered terms of 3 years.
- b) Vacancies shall be filled for the unexpired term. Members shall serve until their successors are appointed and qualified.
- c) No member, except for the representative of the Client Assistance Program, shall serve for more than 2 full terms. [20 ILCS 5/5-5506-23]

(Source: Amended at 24 Ill. Reg. 6399 effective MAR 3 2000)

Section 515.150 General Provisions

- a) Members shall be reimbursed for their actual expenses incurred in the performance of their duties as members of SRC SRAG, including expenses for travel, child care, and personal assistance services, and a member who is not employed or who must forfeit wages from other employment shall be paid reasonable compensation for each day the member is engaged in performing the duties of the Council. For the purpose of payment, "reasonable compensation" shall be \$100 per day, but in no case shall the amount exceed income lost by the SRC SRAG member who must forfeit wages as a result of his/her participation.
- b) No member of SRC SRAG shall cast a vote on any matter that would provide direct financial benefit to the member or his/her immediate family (spouse, child, parent or other relative living in his/her household), or otherwise give the appearance of a conflict of interest under Illinois law.
- c) To the extent there is a disagreement between SRC SRAG and the unit within the Department of Human Services responsible for the administration of the vocational rehabilitation program regarding the resources necessary to carry out the functions of SRC SRAG as set forth in Sections 5-5056-23 and 5-5508 of the Civil Administrative Code of Illinois [20 ILCS 5/5-5056-23 and 5-5508], the disagreement shall be resolved by the Governor [20 ILCS 5/5-5506-23].

(Source: Amended at 24 Ill. Reg. 6399 effective MAR 3 2000)

SUBPART D: STATEWIDE INDEPENDENT LIVING COUNCIL

Section 515.410 Composition

- a) The composition of the Council shall include the following:
 - 1) At least one director of a center for independent living chosen by the directors of centers for independent living within the State;
 - 2) A representative from the Department of Human Services - Office of Rehabilitation Services and a representative from another unit

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in the Department of Human Services that provides services for individuals with disabilities; a representative each from the Department on Aging, the State Board of Education, and the Department of Children and Family Services, all as ex-officio, non-voting members who shall not be counted in the 18 members appointed by the Governor; and

- 3) In addition, the Council may include the following:
 - A) One or more representatives of centers for independent living;
 - B) One or more parents or guardians of individuals with disabilities;
 - C) One or more advocates for individuals with disabilities;
 - D) One or more representatives of private business;
 - E) One or more representatives of organizations that provide services for individuals with disabilities; and
 - F) Other appropriate individuals.
- b) The Council shall elect a chairperson from among its voting membership. [20 ILCS 2405/12a(d)]

(Source: Amended at 24 Ill. Reg. 6399 effective MAR 3 2000)

Section 515.430 Membership Terms

- a) After soliciting recommendations from organizations representing a broad range of individuals with disabilities and organizations interested in individuals with disabilities the Governor shall appoint members of the council for terms beginning July 1, 1993. The council shall be composed of members: ~~††~~ who provide statewide representation; ~~†††~~ who represent a broad range of individuals with disabilities from diverse backgrounds; ~~††††~~ who are knowledgeable about centers for independent living and independent living services; and ~~††††~~ a majority of whom are persons who are individuals with disabilities who are not employed by any State agency or center for independent living. ~~the terms of all members of the independent-living advisory council who were appointed for terms beginning before July 1, 1993, expire on July 1, 1993.~~
- b) Each member of the council shall serve for terms of 3 years, except that: ~~††~~ a member appointed to fill a vacancy occurring before the expiration of the term for which the predecessor was appointed shall be appointed for the remainder of that term; and ~~†††~~ terms of the members initially appointed after the effective date of PA 88-10 (††† Rev-Stat-59919-ch-23-par-344da) [20 ILCS 2405/12a] shall be as follows: 6 of the initial members shall be appointed for terms of one year, 6 shall be appointed for terms of 2 years, and 6 shall be appointed for terms of 3 years. No members of the council may serve more than 2 consecutive full terms.
- c) Appointments to fill vacancies in unexpired terms and new terms shall

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be made by the Governor or by the Council if the Governor delegates that power to the Council by executive order. Any vacancy occurring in the membership of the Council shall be filled in the same manner as the original appointment. The vacancy shall not affect the power of the remaining members to execute the powers and duties of the Council. The vacancy shall not affect the power of the remaining members to execute the powers and duties of the Council [20 ILCS 2405/12a].

(Source: Amended at 24 Ill. Reg. 6399, effective MAR 11 2000)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED RULES

- 1) Heading of the Part: Automated External Defibrillator Code
- 2) Code Citation: 77 Ill. Adm. Code 525
- 3) Section Numbers:

525.100	<u>Adopted Action:</u>
525.200	New Section
525.300	New Section
525.400	New Section
525.500	New Section
525.600	New Section
525.700	New Section
- 4) Statutory Authority: Automated External Defibrillator Act [410 ILCS 4]
- 5) Effective date of rules: April 1, 2000
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain any incorporations by reference? Yes
- 8) A copy of the adopted rule, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal was Published in Illinois Register: November 19, 1999 - 23 Ill. Reg. 13776
- 10) Has JCAR issued a Statement of Objection to these rules? No
- 11) Difference between proposal and final version: The following changes were made in response to comments received during the first notice or public comment period:
 1. In Section 525.200(a)(1), "World Point. . .60015" was deleted and the following was added:

"Instructor's Manual for Basic Life Support (1997)
Basic Life Support Heartsaver Guide (1997)
Instructor's Manual for Pediatric Basic Life Support (1997)
Textbook of Pediatric Basic Life Support (1997)
208 South LaSalle St. Suite 900
Chicago, Illinois 60604-1197"
 2. The following was added in Section 525.200(a):

"4) American Red Cross
Workplace Training: Adult CPR/AED (1999)

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Workplace Training: Standard First Aid with AED (1999)

311 W. John Gwynn Ave.
Peoria, Illinois 61605-2566

3. Section 525.300(b) was revised as follows:
"b) The instructor shall have successfully completed an instructor training course for AED courses listed in Section 525.200 of this Part, or equivalent curriculum approved by the Department."
4. Section 525.300(c)(2) was revised as follows:
"2) Teach the number of courses required by the American Red Cross or American Heart Association, and"
5. Subsection 525.300(c)(4) was deleted.
6. In the first sentence of Section 525.400(b), the following was added after "valid": "for a time period in accordance with subsection (a)(1) of this Section, but not be valid for more than".
7. The following was added at the end of the second sentence in Section 525.400(b): "or equivalent curriculum approved by the Department".
8. Section 525.500(a) was revised as follows: "Each use of an AED shall be reported to the EMS System Resource Hospital."

9. In Section 525.500(b)(3), "and how pulselessness was determined" was deleted.

10. In Subsections 525.500(b)(5) and (6), ", as documented by the AED" was deleted.

11. In Section 525.500(b)(8), "(as documented by the AED)" was deleted.

12. Section 525.500(c) was revised as follows: "Reports shall be faxed or mailed monthly to the local EMS System Resource Hospital."

13. In Section 525.600(a)(3), "Resource" was added after "SYSTEM" in the second line.

14. New subsections 525.600(a)(3)(A) and (B) were added as follows:

"A) The owner of the AED shall provide a list of trained users at the site, including copies of their certification cards, to the Resource Hospital;

B) The owner of the AED shall provide a copy of the manufacturer's guidelines for maintenance and training, and documentation confirming that these guidelines were met as requested; and"

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15. In Section 525.700(a), "Resource Hospital" was added after "System".

16. Section 525.700 was revised as follows: "Tapes of conversations recorded by an AED are confidential."

The following changes were made in response to comments and suggestions of the JCAR:

1. In Subsections 525.200(a)(2) and (3), "62605-2566" was changed to "61605-2566".

2. In Subsection 525.200(a)(4), "Aide" was changed to "Aid".

3. In Section 525.400(b), "for" was deleted after "more than".

4. In Subsections 525.600(a)(3) and (a)(3)(A), the semi-colons were changed to periods.

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? All changes agreed upon by the agency and JCAR have been made.

13) Will these rules replace emergency rules currently in effect? No

14) Are there any other amendments pending on this Part? No

15) Summary and purpose of the rules: The Automated External Defibrillator Act requires the Department to adopt rules regarding the establishment of programs to train individuals as "trained AED users." The rules include criteria for the approval of training programs; criteria for recognition as a trained AED user; policies and procedures concerning incident reports; maintenance and oversight of automated external defibrillators; and quality assurance requirements.

16) Information and questions regarding these adopted rules shall be directed to:

Paul Thompson, Division of Legal Services
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761
217/782-2043
(rules@dpoh.state.il.us).

The full text of the adopted rules begins on the next page:

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED RULES

TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 525

AUTOMATED EXTERNAL DEFIBRILLATOR CODE

Section

525.100

Definitions

525.200

Incorporated and Referenced Materials

525.300

Approval of Training Programs

525.400

Recognition of Trained AED Users

525.500

Incident Reports

525.600

Maintenance and Oversight of Automated External Defibrillators

525.700

Quality Assurance

AUTHORITY: Implementing and authorized by the Automated External Defibrillator Act [410 ILCS 4] (see P.A. 91-524).

SOURCE: Adopted at 24 Ill. Reg. 64 09, effective

APR - 1 2000.

Section 525.100 Definitions

Act - the Automated External Defibrillator Act [410 ILCS 4].

Automated External Defibrillator (AED) - a medical device heart monitor and defibrillator that:

Has received approval of its premarket notification, filed pursuant to 21 USC 360(k), from the United States Food and Drug Administration;

Is capable of recognizing the presence or absence of ventricular fibrillation and rapid ventricular tachycardia, and is capable of determining, without intervention by an operator, whether defibrillation should be performed;

Upon determining that defibrillation should be performed, either automatically charges and delivers an electrical impulse to an individual, or charges and delivers an electrical impulse at the command of the operator; and

In the case of a defibrillator that may be operated in either an automatic or manual mode, is set to operate in the automatic mode. (Section 10 of the Act)

Defibrillation - administering an electrical impulse to an individual

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in order to stop ventricular fibrillation or rapid ventricular tachycardia. (Section 10 of the Act)

Department - the Department of Public Health. (Section 10 of the Act)

Emergency Medical Services (EMS) System or System - an organization of hospitals, vehicle service providers and personnel approved by the Department in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a BLS, ILS and/or ALS level pursuant to a System Program plan submitted to and approved by the Department and pursuant to the EMS Regional Plan adopted for the EMS Region in which the System is located. (Section 3.20 of the Emergency Medical Services (EMS) Systems Act)

First Responder - a person who has successfully completed a course of instruction in emergency first response as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the emergency first response course. (Section 3.60 of the Emergency Medical Services (EMS) Systems Act)

Hospital - has the meaning ascribed to that term in Section 3 of the Hospital Licensing Act [210 ILCS 85]. (Section 3.5 of the Emergency Medical Services (EMS) Systems Act)

911 - an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone to obtain emergency services, including police, fire, medical ambulance and rescue.

Person - an individual, partnership, association, corporation, limited liability company, or organized group of persons (whether incorporated or not). (Section 10 of the Act)

Trained AED user - a person who has successfully completed a course of instruction in accordance with the standards of a nationally recognized organization such as the American Red Cross or the American Heart Association or a course of instruction in accordance with this Part to use an automated external defibrillator, or who is licensed to practice medicine in all its branches in this State. (Section 10 of the Act)

Section 525.200 Incorporated and Referenced Materials

- a) The following private and professional organization standards are incorporated in this Part:

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- 1) American Heart Association
HeartSaver AED for the Lay Rescuer and First Responder (1998)
Instructor's Manual for Basic Life Support (1997)
Basic Life Support HeartSaver Guide (1997)
Instructor's Manual for Pediatric Basic Life Support (1997)
Textbook of Pediatric Basic Life Support (1997)
Suite 900
208 South LaSalle St.
Chicago, Illinois 60604-1197
- 2) American Red Cross
Automated External Defibrillation (1998)
311 W. John Gwynn Avenue
Peoria, Illinois 61605-2566
- 3) American Red Cross
American Red Cross Community CPR (1993)
American Red Cross CPR for the Professional Rescuer (1993)
American Red Cross Adult CPR (1993)
American Red Cross Infant and Child CPR (1993)
311 W. John Gwynn Avenue
Peoria, Illinois 61605-2566
- 4) American Red Cross
Workplace Training: Adult CPR/AED (1999)
Workplace Training: Standard First Aid with AED (1999)
311 W. John Gwynn Ave.
Peoria, Illinois 61605-2566

- b) All incorporations by reference of the standards of nationally recognized organizations refer to the standards on the date specified and do not include any additions or deletions subsequent to the date specified.

- c) The following statutes are referenced in this Part:

- 1) Federal statutes:
21 USC 360(k): Registration of producers of drugs or devices; report preceding introduction of devices into interstate commerce.
- 2) State of Illinois statutes:
A) Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
B) Hospital Licensing Act [210 ILCS 85]
C) Medical Practice Act of 1987 [225 ILCS 60]

Section 525.300 Approval of Training Programs

The Department shall approve programs established to train individuals as AED users, in accordance with the following:

- a) The curriculum shall include complete training in cardiopulmonary

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- resuscitation (CPR) prepared according to nationally recognized guidelines (see Section 525.200(a)(3)). (Section 15 of the Act)
- b) The Instructors shall have successfully completed an instructor training course for AED courses listed in Section 525.200 of this Part, or equivalent curriculum approved by the Department.
 - c) Instructors shall renew qualification every two years and shall meet the following criteria:
 - 1) Maintain Provider status,
 - 2) Teach the number of courses required by the American Red Cross or American Heart Association, and
 - 3) Complete an update on new information regarding course content.
 - d) The course shall meet the course objectives of American Heart Association or American Red Cross courses and shall require at least the same number of hours for completion.

Section 525.400 Recognition of Trained AED Users

- a) To be recognized as a trained AED user, an individual shall:
 - 1) Successfully complete a course of instruction in accordance with the standards of a nationally recognized organization such as the American Red Cross or the American Heart Association (see Section 525.200(a)(1) and (2)); or
 - 2) Successfully complete a course of instruction in accordance with Section 525.300 of this Part; or
 - 3) Be licensed to practice medicine in all its branches in Illinois in accordance with the Medical Practice Act of 1987. (Section 10 of the Act)
- b) Recognition of training completed in accordance with this Section shall be valid for a time period in accordance with subsection (a)(1) of this Section, but not be valid for more than two years. To renew recognition as a trained AED user, the individual shall present proof of satisfactory completion of an American Red Cross or American Heart Association renewal course or equivalent curriculum approved by the Department.

Section 525.500 Incident Reports

- a) Each use of an AED shall be reported to the EMS System Resource Hospital.
- b) The report shall include the following information:
 - 1) Date of the incident;
 - 2) Time of the incident;
 - 3) Name of the person who determined the patient's unresponsiveness;
 - 4) Time that 911 was called;
 - 5) Initial heart rhythm;
 - 6) Number of times the patient was defibrillated;
 - 7) Name of the person who defibrillated the patient;
 - 8) Final rhythm at the time of arrival of the first response

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vehicle:

- A) Breathing, yes or no;
- B) Pulse, yes or no.
- c) Reports shall be faxed or mailed monthly to the local EMS System Resource Hospital.

Section 525.600 Maintenance and Oversight of Automated External Defibrillators

- a) A person acquiring an automated external defibrillator shall take reasonable measures to ensure that:

- 1) The automated external defibrillator is used only by trained AED users;
- 2) The automated external defibrillator is maintained and tested according to the manufacturer's guidelines;
- 3) The automated external defibrillator is registered with the EMS System Resource Hospital in the vicinity of where the automated external defibrillator will be located, which shall oversee utilization of the automated external defibrillator and ensure that training and maintenance requirements are met.

- A) The owner of the AED shall provide a list of trained users at the site, including copies of their certification cards, to the Resource Hospital.
- B) The owner of the AED shall provide a copy of the manufacturer's guidelines for maintenance and training, and documentation confirming that these guidelines were met as requested; and

- 4) Any person who renders out-of-hospital emergency care or treatment to a person in cardiac arrest by using an automated external defibrillator activates the EMS System as soon as possible and reports any clinical use of the automated external defibrillator in accordance with Section 525.500 of this Part. (Section 20(a) of the Act)

- b) A person in possession of an automated external defibrillator shall notify an agent of the local emergency communications or vehicle dispatch center of the existence, location, and type of the automated external defibrillator. (Section 20(b) of the Act)

- c) The EMS System shall notify local ambulance providers of AEDs in the ambulance provider's service area.

Section 525.700 Quality Assurance

- a) The EMS System Resource Hospital shall submit the following information to the Department on a quarterly basis, i.e., on or by June 30, September 30, December 31 and March 31 of each year:

- 1) The number of times that AEDs have been used;
- 2) The outcome of the incident; and
- 3) Adverse effects, if any.

- b) Tapes of conversations recorded by an AED shall be confidential.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Licensing Standards for Foster Family Homes

- 2) Code Citation: 89 Ill. Adm. Code 402

- 3) Section Numbers: Emergency Action:
402.2 Amended
402.12 Amended

- 4) Statutory Authority: The Child Care Act of 1969 [225 ILCS 10/5.2]

- 5) Effective Date of Amendments: March 27, 2000

- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: N/A

- 7) Date filed with the Index Department: March 27, 2000

- 8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

- 9) Reason for Emergency: These emergency amendments are to comply with 45 CFR 1355 that requires relatives and non-relatives to be held to the same training requirements when seeking foster parent licensure.

- 10) A Complete Description of the Subjects and Issues. Involved: Currently, relatives of a child in placement are licensed as foster parents after only six hours of training; non-relatives seeking licensure are required to have more than six hours of training. These amendments require relatives and non-relatives to undergo the same training requirements for foster parent licensure.

- 11) Are there any emergency amendments pending to this Part? Yes, an amendment to Section 402.8, implementing the Child Product Safety Act.

- 12) Statement of Statewide Policy Objective: These amendments do not create or expand a state mandate.

- 13) Information and questions regarding this amendment shall be directed to:

Jeff P. Osowski
Office of Child and Family Policy
Department of Children and Family Services
406 East Monroe, Station # 65
Springfield, Illinois 62701-1498
(217) 524-1983
TDD: (217) 524-3715
E-mail: cfpolicy@dcfs.state.il.us

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
NOTICE OF EMERGENCY AMENDMENTS

Facsimile: (217) 557-0692

The full text of these Emergency Amendments begins on the next page.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
NOTICE OF EMERGENCY AMENDMENTS

TITLE 49: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER e: REQUIREMENTS FOR LICENSURE

PART 402

LICENSING STANDARDS FOR FOSTER FAMILY HOMES

Section	Purpose
402.1	Purpose
402.2	Definitions
EMERGENCY	
402.3	Effective Date of Standards (Repealed)
402.4	Application for License
402.5	Application for Renewal of License
402.6	Provisions Pertaining to Permits
402.7	Provisions Pertaining to the License
402.8	General Requirements for the Foster Home
402.9	Requirements for Sleeping Arrangements
402.10	Nutrition and Meals
402.11	Business and Employment of Foster Family
402.12	Qualifications of Foster Parents
EMERGENCY	
402.13	Background Inquiry
402.14	Health of Foster Family
402.15	Number and Ages of Children Served
402.16	Meeting Basic Needs of Children
402.17	Health Care of Children
402.18	Religion
402.19	Recreation and Leisure Time
402.20	Education
402.21	Discipline of Children
402.22	Emergency Care of Children
402.23	Release of Children
402.24	Confidentiality of Information
402.25	Required Written Consents
402.26	Records to be Maintained
402.27	Licensing Supervision
402.28	Adoptive Homes
402.29	Severability of This Part

APPENDIX A Criminal Convictions Which Prevent Licensure

APPENDIX B Number and Ages of Children in Foster Family Home: No Child Requires Specialized Care

APPENDIX C Number and Ages of Children in Foster Family Home: Child Requires Specialized Care

AUTHORITY: Implementing and authorized by the Child Care Act of 1969 [225 ILCS 10].

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

SOURCE: Adopted and codified at 5 Ill. Reg. 9548, effective October 1, 1981; emergency amendment at 6 Ill. Reg. 15580, effective December 15, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 3439, effective April 4, 1983; amended at 7 Ill. Reg. 13856, effective November 1, 1983; amended at 8 Ill. Reg. 23197, effective December 3, 1984; amended at 11 Ill. Reg. 4292, effective March 1, 1987; emergency amendment at 16 Ill. Reg. 11879, effective July 13, 1992, for a maximum of 150 days; amended at 17 Ill. Reg. 267, effective December 21, 1992; emergency amendment at 18 Ill. Reg. 8481, effective May 20, 1994, for a maximum of 150 days; emergency expired on October 17, 1994; amended at 19 Ill. Reg. 1801, effective February 1, 1995; amended at 19 Ill. Reg. 9463, effective July 1, 1995; emergency amendment at 19 Ill. Reg. 10743, effective July 1, 1995, for a maximum of 150 days; emergency expired November 27, 1995; amended at 20 Ill. Reg. 1589, effective January 10, 1996; emergency amendment at 20 Ill. Reg. 3954, effective February 16, 1996, for a maximum of 150 days; emergency expired July 15, 1996; amended at 21 Ill. Reg. 4548, effective April 1, 1997; amended at 22 Ill. Reg. 203, effective December 19, 1997; amended at 23 Ill. Reg. 7877, effective July 15, 1999; emergency amendment at 24 Ill. Reg. 6417, effective March 27, 2000, for a maximum of 150 days.

Section 402.2 Definitions

EMERGENCY

"Adoptive placement" means a living arrangement with a family that is directed toward establishing that family as the child's new legal parents. To be considered an adoptive placement, the child must be placed in a licensed foster family home or license exempt relative home for purposes of adoption and:

- be legally free (parental rights have been terminated or both parents have surrendered their parental rights); or
- be placed in a legal risk adoptive placement that has passed legal screening as described in 89 Ill. Adm. Code 309; Adoption Services for Children for whom the Department of Children and Family Services is legally responsible.

"Approved training" means:

- Foster/Adopte-trade-core-or-supplementary-training**-----
 - foster parent conferences sponsored by the Department or statewide foster parent organizations;
 - training provided under the auspices of a licensed child welfare agency when the agency's foster care program has been accredited by the Council on Accreditation of Services for Families and Children, Inc., 520 Eighth Avenue, Suite 2202B, New York, NY 10018;
 - surrogate parent training sponsored or approved by the Illinois State Board of Education;
 - training toward first-aid, Heimlich maneuver, and/or cardiopulmonary resuscitation (CPR) certification by the American Red Cross or the American Heart Association; or

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- other training approved in writing by the Division of Training and Development Services **Child-Welfare-Training-Institute** of the Department of Children and Family Services.
- Pre-service Training**
- Foster PRIDE/Adopt PRIDE pre-service training or a pre-service foster parent training curriculum approved by the Division of Training and Development Services (DTDS) and Educational Advocacy training.**
- "Background check" means:
 - a criminal history check via fingerprints of persons age 18 and over which are submitted to the Illinois State Police and the Federal Bureau of Investigation (FBI) for comparison to their criminal history records, as appropriate, or via a LEADS check of persons ages 13 through 17; and
 - a check of the Child Abuse and Neglect Tracking System (CANTS) and other state child protection systems, as appropriate, to determine whether an individual is currently alleged or has been indicated as a perpetrator of child abuse or neglect; and
 - a check of the Statewide Child Sex Offender Registry.

"CANTS" means the Child Abuse and Neglect Tracking System operated and maintained by the Illinois Department of Children and Family Services.

"Child" means any person under 18 years of age. [225 ILCS 10/2.01]

"Child care facility" means any person, group of persons, agency, association or organization, whether established for gain or otherwise, who or which receives or arranges for care or placement of one or more children, unrelated to the operator of the facility, apart from the parents, with or without the transfer of the right of custody in any facility as defined in the Child Care Act of 1969, established and maintained for the care of children. Child care facility includes a relative who is licensed as a foster family home pursuant to Section 4 of the Child Care Act of 1969. [225 ILCS 10/2.05]

"Classifiable fingerprints" means fingerprints have been obtained through an electronic or ink printing process which were determined to provide sufficiently clear impressions to identify the individual from whom the prints were obtained.

"Common parentage" means having the same biological or adoptive father, the same biological or adoptive mother, or the same biological or adoptive father and mother.

"Complete application for foster family home license" means a

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completed written application form; written authorization by the applicant and all adult members of the household to conduct a criminal background investigation; medical evidence in the form of a medical report, on forms prescribed by the Department, that the applicant and all members of the household are free from communicable diseases or physical and mental conditions that affect their ability to provide care for the child or children; the names and addresses of at least 3 persons not related to the applicant who can attest to the applicant's moral character; and fingerprints submitted by the applicant and all adult members of the applicant's household. [225 ILCS 10/4]

"Department" means the Illinois Department of Children and Family Services. [225 ILCS 10/2.02]

"Expanded capacity license" means the foster family home has been issued a license from the Department authorizing the foster family to accept more than six children for care (including the family's own children under age 18 and all other children under age 18 receiving full-time care) as permitted in Section 402.15(c) (for foster care placements) or 402.15(e) (for adoptive placements).

"Foster family home" means a facility for child care in residences of families who receive no more than 8 children unrelated or related to them, unless all the children are of common parentage, or residences of relatives who receive no more than 8 related or unrelated children placed by the Department, unless the children are of common parentage, for the purpose of providing family care and training for the children on a full-time basis, except the Director of Children and Family Services, pursuant to Department regulations, may waive the limit of 8 children unrelated to an adoptive family for good cause to facilitate an adoptive placement. The family's or relative's own children, under 18 years of age, shall be included in determining the maximum number of children served. [225 ILCS 10/2.17] The Department requires foster family homes to receive an expanded capacity license allowing them to receive more than six children, including their own children under age 18 and all other children under the age of 18 receiving full-time care.

"Full-time care" means the child is a resident of the household, whether on a temporary, emergency, or permanent basis, and is receiving family care usually provided by a parent or guardian.

"In-service training" means approved training provided to currently licensed foster parents.

"LEADS" means the Law Enforcement Agencies Data System.

"License" means a document issued by the Department of Children and

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Family Services which authorizes child care facilities to operate in accordance with applicable standards and the provisions of the Child Care Act.

"License applicant" means the operator or person with direct responsibility for daily operation of the facility to be licensed. (Section 4.4 of the Child Care Act of 1969)

"Licensee" means those individuals, agencies, or organizations who hold a license or permit issued by the Department of Children and Family Services.

"Licensing representative" means persons authorized by the Department under the Child Care Act of 1969 to examine facilities for licensure.

"Member of the household" means a person who resides in a family home as evidenced by factors including, but not limited to, maintaining clothing and personal effects at the household address, or receiving mail at the household address, or using identification with the household address.

"Minor traffic violation" means a traffic violation under the laws of the State of Illinois or any municipal authority therein or another state or municipal authority which is punishable solely by fines as a petty offense. [625 ILCS 5/6-601]

"Permit" means a one-time only document issued by the Department of Children and Family Services for a two month period to allow the individual(s) to become eligible for an initial foster family home license.

"Petty offense" means any offense for which a sentence to a fine only is provided. [730 ILCS 5/5-1-17]

"Relative," for purposes of placement of children for whom the Department is legally responsible, means any person, 21 years of age or over, other than the parent, who:

- is currently related to the child in any of the following ways by blood or adoption: grandparent, sibling, great-grandparent, uncle, aunt, nephew, niece, first cousin, great-uncle, or great-aunt, or
 - is the spouse of such a relative, or
 - is the child's step-father, step-mother, or adult step-brother or step-sister.
- Relative also includes a person related in any of the foregoing ways to a sibling of a child, even though the person is not related to the child, when the child and its sibling are placed together with that person. [20 ILCS 905/7(b)]

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"Reputable character" means there is satisfactory evidence that the moral character of the applicant is trustworthy.

"Respite foster care" means temporary (not to exceed 30 days), full-time care in a licensed foster family home, group home, or child care institution, or in a license exempt relative home, when such temporary, full-time care is provided to foster children. Respite foster care is provided to foster children in order to give the full-time caregivers a rest from caregiving responsibilities and to prevent placement disruption.

"Responsible" means trustworthy performance of expected duties which serves the best interests of the foster children as evidenced by established child welfare standards, State and federal law, and the rules of the Department.

"Specialized care" means care provided to a child who has developmental, emotional, behavioral, or medical needs and who has been determined to require specialized care. The need for specialized care shall be redetermined once every six months.

"Supervising agency", for the purpose of this part, means a licensed child welfare agency, a license-exempt agency, or the Department of Children and Family Services.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 6417 - 7

effective March 27, 2000, for a maximum of 150 days)

Section 402.12 Qualifications of Foster Family

EMERGENCY

a) The licensee(s) shall be either a single person or a man and woman married to each other. Each foster parent shall be willing and able to assume appropriate responsibilities for the child or children received for care.

b) Foster parents shall be stable, law abiding, responsible, mature individuals, at least 21 years of age.

c) The capability of the foster parents to provide care shall be considered prior to licensure of the foster family home. A decision to establish the age and number of children permitted in the home shall be based on an assessment of the foster family and shall consider at least the following:

- 1) the foster parents' capability to provide care including an evaluation of the caregivers' health, strength, and mobility;
- 2) the number, chronological and functional age, and characteristics and needs of the children currently under the care of the foster parents. This shall include an assessment of the foster parent's own children under age 18, all other children under age 18

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receiving full-time care, and children receiving day care services in the foster family home;

3) the characteristics, limitations, and responsibilities of the caregivers. All members of the foster family shall be free from active alcohol or substance dependency;

4) the caregivers' ability to appropriately care for and adequately supervise the children currently in the home, as well as their ability to care for and supervise the ages, needs, and behaviors of the children who may be placed in the foster family home; and

5) the number of foster parents in the home and the availability and experience of child care assistants.

d) All members of the household age 13 and older (except for foster children) shall have passed the background check required by 89 Ill. Adm. Code 385, Background Checks.

e) Foster parents shall accept agency supervision.

f) Foster parents shall adequately supervise children in their care to assure compliance with laws including, but not limited to, criminal laws.

g) Foster home applicants shall provide the names and addresses of at least three persons who are not related to them who can attest that the applicants are of reputable and responsible moral character.

h) Unless parental rights have been terminated, foster parents shall respect and support a child's ties to his or her biological family and shall cooperate with the supervising agency and the service plan for the child and his/her family.

i) The foster family shall have sufficient financial resources to provide basic necessities for themselves and their own children.

j) As ~~Each foster-parent shall complete, as a condition of initial licensure, each foster parent shall participate and complete Foster PRIDE/Adopt PRIDE or an equivalent pre-service foster parent training that has been approved by the Division of Training and Development~~ ~~Services at least six clock hours of approved pre-service training.~~

k) In addition, each foster parent shall complete, as a condition of license renewal, approved in-service training in accordance with the schedule below. Child welfare agencies may require foster families under their supervision to complete additional training as a condition of continued supervision by the agency.

License Renewal Due in Year: Clock Hours of Approved Training Required:

1998	4.0
1999	8.0
2000	12.0
2001 or thereafter	16.0

l) An expanded capacity license to allow foster homes to serve more than six children (including the foster parent's own children under age 18 and all other children under age 18 receiving full-time care) may be

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granted if the foster family home meets the requirements of Section 402.15(c). As a provision of retaining the expanded capacity license, foster parents shall complete a total of 9.0 clock hours of approved training each calendar year, beginning the calendar year the expanded capacity license is issued.

- m) A statement that describes how the foster family and the foster family's home comply with the requirements of this Part shall be placed in the permanent foster home record. If the foster family home is not in compliance with any of the licensing standards, these standards shall be specifically recorded and the plan for achieving compliance shall be outlined. The plan for achieving compliance shall indicate whether foster children can remain in the foster home and whether new placements may be made in the foster home while the foster home is achieving compliance with the licensing standards. The statement shall be updated to reflect any changes in the status of the foster family or the foster home. All such updates shall be entered within five working days after the change in status.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 6417, effective March 27, 2000, for a maximum of 150 days)

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- 1) Heading of the Part: Placement and Visitation Services
- 2) Code Citation: 89 Ill. Adm. Code 301
- 3) Section Numbers: 301.90
Emergency Action:
Amended
- 4) Statutory Authority: The Child Care Act of 1969 [225 ILCS 10/5.2]
- 5) Effective Date of Amendments: March 27, 2000
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: N/A
- 7) Date filed with the Index Department: March 27, 2000

- 8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection:

- 9) Reason for Emergency: These emergency amendments are to comply with 45 CFR Part 1355, which requires relatives and non-relatives to be held to the same training requirements when seeking foster parent licensure.

- 10) A Complete Description of the Subjects and Issues Involved: Currently, relatives of a child in placement are licensed as foster parents after only six hours of training; while non-relatives seeking licensure are required to have more than six hours of training. This amendment deletes the paragraph requiring more training for foster parents to care for non-related children.

- 11) Are there any proposed amendments pending to this Part: No

- 12) Statement of Statewide Policy Objective: These amendments do not create or expand a state mandate.

- 13) Information and questions regarding this Rule shall be directed to:

Jeff E. Osowski
Office of Child and Family Policy
Department of Children and Family Services
406 East Monroe, Station # 65
Springfield, Illinois 62701-1498
Telephone: (217) 524-1983
TDD: (217) 524-3715
E-mail: cfpolicy@dcfs.state.il.us
Facsimile: (217) 537-0692

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The full text of these Emergency Amendments begins on the next page.

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TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER a: SERVICE DELIVERY

PART 301

PLACEMENT AND VISITATION SERVICES

Section

- 301.1 Purpose (Renumbered)
- 301.2 Definition (Repealed)
- 301.3 Foster Care Placement Goal (Renumbered)
- 301.4 Plans to Achieve This Goal (Renumbered)

SUBPART A: PLACEMENT SERVICES

Section

- 301.10 Purpose
- 301.20 Definitions
- 301.30 Introduction *
- 301.40 Legal Authority to Place
- 301.50 Emergency Placement
- 301.60 Placement Selection Criteria
- 301.70 Sibling Placement
- 301.80 Relative Home Placement
- 301.90 Foster Family Home Care
- 301.100 Residential Care
- 301.110 Care in a Medical/Psychiatric Facility
- 301.120 Sharing Appropriate Information with the Caregiver
- 301.130 Medical Examinations for Children in Placement
- 301.140 Education of Children While in Placement

EMERGENCY

SUBPART B: VISITATION SERVICES

Section

- 301.200 Purpose
- 301.210 Family-Child Visitation
- 301.220 Sibling Visitation
- 301.230 Contact Among Siblings Placed Apart
- 301.240 Grandparents Visitation

SUBPART C: FOSTER CARE PLACEMENT GOAL

Section

- 301.310 Purpose
- 301.320 Foster Care Placement Goal
- 301.330 Plans to Achieve This Goal

APPENDIX A

Criminal Convictions which Prevent Placement of Children with

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Relatives

AUTHORITY: Implementing and authorized by the Children and Family Services Act [20 ILCS 505]; Section 3-6-2(g) of the Unified Code of Corrections [730 ILCS 5/3-6-2(g)]; Section 1-103 of the Illinois Alcoholism and Dangerous Drug Dependency Act [20 ILCS 305/1-103]; the Adoption Assistance and Child Welfare Act of 1980 [42 USC 670 et seq.]; 45 CFR 1356.40 and 1356.41; the Juvenile Court Act of 1987 [705 ILCS 405]; and the Adoption Act [750 ILCS 50].

SOURCE: Adopted and codified at 7 Ill. Reg. 881, effective January 12, 1983; amended at 9 Ill. Reg. 9904, effective July 1, 1985; amended at 19 Ill. Reg. 9438, effective July 1, 1995; emergency amendment at 20 Ill. Reg. 3961, effective February 16, 1996; for a maximum of 150 days; amended at 20 Ill. Reg. 4602, effective March 15, 1996; amended at 20 Ill. Reg. 9036, effective July 11, 1996; amended at 20 Ill. Reg. 9518, effective July 5, 1996; amended at 21 Ill. Reg. 13580, effective October 1, 1997; amended at 23 Ill. Reg. 13062, effective October 20, 1999; emergency amendment at 24 Ill. Reg. 6427, effective March 27, 2000, for a maximum of 150 days.

Section 301.90 Foster Family Home Care**EMERGENCY**

a) Foster family home care is provided in licensed foster family homes for children who cannot remain in the home and who can benefit from a family structure of care. The Department shall have legal responsibility for the child before the child is placed in a foster family home. The home shall have received a license or permit under the provisions of 89 Ill. Adm. Code 402, Licensing Standards for Foster Family Homes, before it receives children for foster care payment.

b) Although foster family home care is generally provided to children whose parents are unable or unwilling to protect or care for them, it is also available for hearing impaired children who require special education not available in their home communities. The Department is not legally responsible for the children receiving this unique placement service. Care is provided in cooperation with the Illinois State Board of Education.

c) ~~402:324(j) of 89 Ill. Adm. Code 402--licensing--Standards--for--Foster Family--Homes--Foster--parents--must--receive--additional--training--on--content--approved--by--the--Department--in--order--to--care--for--children--unrelated--to--them~~

(Source: Amended by emergency rulemaking at 24 Ill. Reg. _____, effective March 27, 2000, for a maximum of 150 days)

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1) **Heading of the Part:** Developmental Disabilities Services

2) **Code Citation:** 89 Ill. Adm. Code 144

3) **Section Numbers:** Emergency Action:

144.160 Added

144.165 Added

144.275 Amended

144.300 Amended

4) **Statutory Authority:** Implementing Section 18.3 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/18.30] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].

5) **Effective Date of Amendments:** March 31, 2000

6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they are to expire. Not applicable

7) **Date filed with the Index Department:** March 31, 2000

8) A copy of the emergency amendment, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) **Reason for Emergency:** This amendment makes reimbursement changes affecting providers of DHS services and federal Medicaid matching funds. The reimbursement changes are necessary in response to P.A. 91-0630 which allows for the authorization of nursing delegation to permit direct care staff to administer medications. These changes have already been promulgated in the Department of Public Aid's Rule at 89 Ill. Adm. Code 153.100, effective January 1, 2000. As HCFA is the federal agency responsible for the monitoring and reimbursement of Medicaid funds and will reimburse retroactive to the first day of the quarter in which the State Medicaid Plan amendment is filed, these amendments must be effective by April 1, 2000. Given this time frame, adoption of this rulemaking will not be possible by April 1, 2000 without the use of the Emergency rulemaking process.

10) A complete Description of the Subject and Issues: This rulemaking applies only to ICF/DD-16s and results from P.A. 91-0630 which permits trained, unlicensed staff to provide medication to individuals residing in ICF/DD-16s, under registered professional nurse supervision. These amendments add a per diem amount to the ICF/DD-16 payment rate for reimbursement of nurse supervision of medication administration using a

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wage factor that is now standard for DHS' entire community system and a ratio of 12:1 for standardized time necessary to provide for each individual's daily medication needs. Additionally, this rulemaking increases health status monitoring for all individuals in ICF/DD-16s by adding payment of \$0.57 per person per day (\$208.05 annually) in reimbursement for 13 annual hours of base licensed nursing.

- 11) Are there any other amendments pending on this Part? No
- 12) Statement of Statewide Policy Objectives (if applicable). This rulemaking does not create or expand a State mandate.

- 13) Information and questions regarding these amendments shall be directed to:

Susan Weir, Bureau Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield, Illinois 62762
(217) 785-9772

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

The full text of the emergency amendment begins on the next page.

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TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER d: MEDICAL PROGRAMS
PART 144
DEVELOPMENTAL DISABILITIES SERVICES

Section	Incorporation By Reference
144.1	Determination of Program (Active Treatment) Costs
144.5	ICF/WD Service Criteria
144.25	Inspection of Care and Rate Setting Appeal Process
144.50	Comprehensive Functional Assessments and Reassessments (Repealed)
144.75	Exceptional Care Needs of Clients with Developmental Disabilities (Repealed)
144.100	Individual Program Plan (IPP) (Repealed)
144.105	Specialized Care - Behavior Development Programs
144.125	Specialized Care - Health and Sensory Disabilities
144.150	Base Nursing in Facilities Licensed as ICF/DD-16s
144.160	Medication Administration in Facilities Licensed as ICF/DD-16s
EMERGENCY	ICF/DD-16s including Small Scale Residential Facilities (4 and 6 beds) ICF/DD-16s
EMERGENCY	ICF/DD-16s including Small Scale Residential Facilities (4 and 6 beds) ICF/DD-16s
144.175	Functional Needs
144.200	Service Needs - Medical Care (Repealed)
144.205	Service Needs - Medical and Therapy Services (Repealed)
144.225	Individual Rights (Repealed)
144.230	Reconciliation of Resident Funds
144.250	Discharge Planning/Maximum Growth Potential Plan (Repealed)
144.275	Reimbursement for Program (Active Treatment) Costs in Residential Facilities for Clients with Developmental Disabilities
EMERGENCY	Reimbursement for Program (Active Treatment) Costs in Small Scale Residential Facilities (4 and 6 bed) ICF/DD-16s
144.300	Reimbursement for Program (Active Treatment) Costs in Small Scale Residential Facilities (4 and 6 bed) ICF/DD-16s
EMERGENCY	Capital Rate Calculation
144.325	Capital Rate Calculation
TABLE A	Overview of Staff Intensity Scale of Maladaptive Behaviors
TABLE B	Staff Intensity Scale
TABLE C	IPP Outcomes (Repealed)
TABLE D	Guidelines for Determining Levels of Functioning
TABLE E	Standardized Adaptive Functional Assessment

AUTHORITY: Implementing Section 18.3 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/18.3] and authorized by Section 5-104 of the Mental Health and Developmental Disabilities Code [405 ILCS 5/5-104] and Section 5 of the Mental Health and Developmental Disabilities Administrative Act [20 ILCS 1705/5].

SOURCE: Adopted at 14 Ill. Reg. 4166, effective March 9, 1990; Section 144.275 recodified from 89 Ill. Adm. Code 146.225 at 14 Ill. Reg. 7651; amended at 14 Ill. Reg. 17988, effective October 29, 1990; amended at 15 Ill. Reg. 14084,

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effective September 24, 1991; emergency amendment at 15 Ill. Reg. 16148, effective October 22, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 3497, effective February 28, 1992; amended at 16 Ill. Reg. 5898, effective March 20, 1992; amended at 17 Ill. Reg. 8478, effective June 1, 1993; amended at 17 Ill. Reg. 11480, effective July 16, 1993; emergency amendment at 17 Ill. Reg. 15126, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended effective October 12, 1993; emergency amendment repealed at 17 Ill. Reg. 22582, effective December 20, 1993; emergency amendment at 18 Ill. Reg. 11314, effective July 1, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16619, effective October 2, 1994; amended at 19 Ill. Reg. 2890, effective February 22, 1995; amended at 19 Ill. Reg. 7906, effective June 3, 1995; amended at 20 Ill. Reg. 6916, effective May 6, 1996; emergency amendment at 20 Ill. Reg. 7426, effective May 24, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 9072, effective June 28, 1996; amended at 20 Ill. Reg. 11326, effective August 1, 1996; amended at 20 Ill. Reg. 12465, effective August 30, 1996; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 22 Ill. Reg. 9287, effective May 15, 1998; amended at 23 Ill. Reg. 932, effective January 6, 1999; emergency amendment at 24 Ill. Reg. 6431, effective March 31, 2000, for a maximum of 150 days.

Section 144.160 Base Nursing in Facilities Licensed as ICF/DD-16s including Small Scale (4 and 6 bed) ICF/DD-16s

EMERGENCY

- a) Base nursing in ICF/DD-16s staffing and reimbursement recognizes the need for adults with developmental disabilities to have regular health care supports.
- b) Base nursing provides for licensed practical nurse services and/or registered professional nurse services and supervision.
- c) The addition of base nursing provides for nursing assessments, development and updating of nursing care plans, health risk identification and planning, Tardive Dyskinesia (TD) screening, coordination and implementation of medical services, monitoring of medication effectiveness and side effects, and annual flu immunization.

(Source: Added by emergency rulemaking at 24 Ill. Reg. 6431, effective March 31, 2000, for a maximum of 150 days)

Section 144.165 Medication Administration in Facilities Licensed as ICF/DD-16s including Small Scale Residential Facilities (4 and 6 bed) ICF/DD-16s

EMERGENCY

- a) Medications may be administered by unlicensed staff who have been trained and are supervised by registered professional nurses, in accordance with P.A. 91-0630 and 59 Ill. Adm. Code 116.
- b) Reimbursement for the supervision of this medication administration

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will be provided as described in Sections 144.275 and 144.300.

(Source: Added by emergency rulemaking at 24 Ill. Reg. 6431, effective March 31, 2000, for a maximum of 150 days)

Section 144.275 Reimbursement for Program (Active Treatment) Costs in Residential Facilities for Clients with Developmental Disabilities

EMERGENCY

Residential facilities, including distinct parts of facilities, for clients with developmental disabilities (ICF/MR certification with licensure for ICF/DD, ICF/DD-16, SUC, and ICF/MR-SNF/PER license), excluding State-operated facilities for individuals with developmental disabilities, will be reimbursed for an active treatment program for each client. Facility program reimbursement levels will be derived by the Department from the following four determinants which in combination will result in a total facility program per diem amount. These four determinants will be determined according to information provided in the most recent Inspection of Care (IOC) conducted by the Department of Public Health survey staff. This IOC information must be validated by the survey staff prior to utilization for payment purposes. The new reimbursement level will be effective on the first day of the quarter following a facility's IOC. Where dollar, wage, or salary amounts are used, these shall be inflated to the fiscal year for which reimbursement will be made.

a) Minimum Staffing

- 1) Direct Services - Facilities must be in compliance with the Health Care Financing Administration's (HCFA) (42 CFR 483.430 (1996)) minimum average daily staffing standards relative to client population according to each individual's overall level of functioning:

Overall Level	FTE* Staff : Client Ratio
Mild	1:5
Moderate	1:2.5
Severe or Profound	1:2

*FTE = Full Time Equivalent

- A) Determination of levels of functioning of clients with mental retardation and related conditions, in accordance with the definition of the American Association of Mental Retardation (Mental Retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period), will include both:
 - 1) an assessment of intellectual functioning as measured by a standardized, full scale, individual intelligence

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test such as the Stanford Binet and WAIS-R. Such an assessment must be administered by a psychologist who is registered in Illinois under the Clinical Psychologist Licensing Act (Illinois Department of Professional Regulation); and

ii) an assessment of adaptive behaviors using a nationally standardized, Department approved assessment instrument, such as the Scales of Independent Behavior (SIB) or the Inventory for Client and Agency Planning (ICAP). Such an assessment instrument will be utilized by at least one Qualified Mental Retardation Professional (QMRP) to evaluate each client's functional skills and adaptive behaviors.

B) The final determination of each client's overall level of functioning employs both the assessment of intellectual functioning and the assessment of adaptive behaviors, and will be made according to the criteria set forth in Section 144. Table D and Section 144. Table E of this Part.

C) The amount for Direct Services for these staffing ratios shall be obtained by:

- i) determining the number of clients within each overall level of functioning; dividing each number by the client component of the staff; client ratio; summing these quotients; multiplying the sum by the aide hourly wage factor, and then by 2080 (52 weeks times 40 hours per week), to obtain a total annual Direct Service cost; and dividing this total by 365 days and then by the number of clients to obtain the amount for Direct Services per client per day. For example, if a facility serves 40 clients in the mild level of functioning, 30 clients in the moderate level of functioning, and 30 clients in the severe/profound level of functioning, the number of FTE Direct Services staff will be $(40 \text{ divided by } 5) + (30 \text{ divided by } 2.5) + (30 \text{ divided by } 2) = 35$. If the aide hourly wage is \$5.00, the total annual cost will be $35 \times \$5 \times 2080 = \$364,000$. The amount for FTE Direct Services per client per day will then be $\$364,000 \text{ divided by } 365 \text{ divided by } 100 = \9.97 .

- ii) In ICF/DD-16 facilities, the foregoing calculation is modified such that in step two of subsection (a)(1)(C)(i) of this Section, the facility may receive an amount for up to an additional .5 FTE. Direct Service is determined by multiplying .5 FTE by the proportion found by the ratio of the number of Medicaid eligible clients in the severe/profound level of functioning divided by the total number of eligible clients.

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2) Licensed Nurses-Facilities must be in compliance with HCFA (42 CFR 483.460 (1996)) and Illinois Department of Public Health (IDPH) (77 Ill. Adm. Code 350.1230) staffing standards relative to facility type.

- A) An ICF/MR (ICF/DD, SLC, SNF/PED but excluding ICF/DD-16) licensed for a population of 90 or fewer clients, none of whom require services under Levels II and III of Specialized Care-Health and Sensory Disabilities (Section 144.150(c) and (d)), will be reimbursed for a minimum of 4.8 FTE nurses. A facility with only such a population which has a licensed capacity greater than 90 clients will be reimbursed for additional FTE nurses according to the following Table:

Licensed Capacity, Client Type	FTE Nurse : Client Ratio
Greater than 90 clients with no Specialized Care - Health and Sensory Disabilities needs under Levels II and III	1:18.7

- B) An ICF/MR (ICF/DD, SLC, SNF/PED but excluding ICF/DD-16) licensed for a population of 30 or fewer clients, all of whom require services under Level(s) II and/or III of Specialized Care - Health and Sensory Disabilities will be reimbursed for a minimum of 4.8 FTE nurses. A facility with only such a population which has a licensed capacity greater than 30 clients will be reimbursed for additional FTE nurses according to the following Table:

Licensed Capacity, Client Type	FTE Nurse : Client Ratio
Greater than 30 clients requiring Specialized Care - Health and Sensory Disabilities under Level(s) II and III	1:16.25

AGENCY NOTE: The Omnibus Reconciliation Act of 1987 (P.L. 100-203) requirements prohibit the admission of individuals with a primary diagnosis of mental retardation into non-ICF/MR facilities. Therefore, SNF/PED facilities which meet ICF/MR certification requirements must be certified ICF/MR in order to comply with federal law when admitting individuals with mental retardation. Facilities which

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undergo certification conversion to ICF/MR will retain State licensure for skilled care (SNE/PED).

- C) An ICF/MR (ICF/DD, SUC, SNF/PED but excluding ICF/DD-16) which has a licensed capacity of 30 clients or more, some of whom require services under Level(s) II and/or III of Specialized Care - Health and Sensory Disabilities, and some of whom do not require such services, will be reimbursed for a minimum of 4.8 FTE nurses for non Specialized Care individuals plus additional FTE nurses, up to a maximum of a 1:6.25 ratio, according to the following table:

Client Type	FTE Nurse : Client Ratio
Clients requiring Specialized Care - Health and Sensory Disabilities under Level(s) II and/or III	1:6.25
Client Type	FTE Nurse : Client Ratio
Clients with no Specialized Care needs under Levels II and III	1:18.75

For example, for a facility with a licensed capacity of 42 clients, 15 of whom require services under Level(s) II and/or III, and 27 of whom do not require such services, the number of FTE nurses will be $(15 \div 6.25 = 2.40) + (27 \div 18.75 = 1.44)$, however, reimbursement will be calculated at the minimum of 4.8 = 7.2. Utilizing the maximum client ratio allowed, the facility will be reimbursed for 6.72 FTE nurses $(42 \div 6.25 = 6.72)$. Licensed nurses are not required in an ICF/DD-16 if none of the clients require a physician's medical care plan of treatment.

- i) An ICF/DD-16 which has eight or fewer clients with medical care plans of treatment but who do not require services under Specialized Care - Health and Sensory Disabilities, Level(s) II and/or III, will be reimbursed for .5 FTE nurse. A facility with nine or more such clients will be reimbursed for one FTE nurse.
- ii) An ICF/DD-16 with clients requiring medical care plans of treatment and additional medical services under Specialized Care - Health and Sensory Disabilities, Level(s) II and/or III, will be reimbursed according to the method in subsection (a)(2)(D)(i) of this

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Section, plus additional reimbursement for licensed nurses using an FTE nurse: client ratio of 1:6.25 up to a maximum of the 1:6.25 ratio.

- E) The licensed nurse component is computed similarly to the method in subsection (a)(1)(C) of this Section. To determine the amount for Licensed Nurses, the number of FTE nurses required for each facility type and/or for clients receiving services under Specialized Care - Health and Sensory Disabilities, Level(s) II and/or III, shall be obtained according to subsections (a)(2)(A), (B), (C) and (D) of this Section. This number is multiplied by the hourly nurse wage factor and then by 2080 (52 weeks x 40 hours). The product is divided by 365 and then by the number of clients.
- 3) The total reimbursement amount for Minimum Staffing is the sum of the amount for Direct Staff plus the amount for Licensed Nurses.
- b) Active Treatment
- 1) Qualified Mental Retardation Professional (QMPP) - a person who has at least one year of experience working directly with persons with mental retardation or other developmental disabilities, and is one of the following:
- A doctor of medicine or osteopathy.
 - A registered nurse.
 - An individual who holds at least a bachelor's degree in one of the following professional categories: Occupational Therapist; Physical Therapist; Psychologist; Master's Degree; Social Worker; Recreation Specialist; Registered Dietitian; and Human Services, including but not limited to Sociology, Special Education, Rehabilitation Counseling, and Psychology. (42 CFR 483.430 (1996))
- D) The amount for QMRPs assumes that a full-time QMRP is required for every 15 clients. The number of QMRPs shall be obtained by dividing the number of clients in the facility by 15. The obtained number of QMRPs is multiplied by the hourly wage factor and then by 2080. The product is divided by 365 and then by the number of clients to arrive at an amount per client per day.
- 2) Interdisciplinary Team (IDT)
- A) The amount for services rendered by the IDT assumes that each client requires one day of IDT services per year. This amount is computed to be \$1.82 per client per day.
- B) Interdisciplinary Team - A team which represents the professions, disciplines, or service areas that are relevant to identifying the client's needs and designing programs that meet the client's needs. Appropriate facility staff must participate in interdisciplinary team meetings. Participation by other agencies serving the client is required (see the Department of Public Aid's rule at 89 Ill.

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Adm. Code 140.647). Participation by the client, his or her parent (if the client is a minor), or the client's legal guardian is required unless the participation is unobtainable or inappropriate. (42 CFR 483.440 (1996))

3) Additional Direct Service Staff (ADSS)

A) The amount for ADSS assumes an FTE staff/client ratio of 1:7.5. The total number of clients is divided by 7.5 and a per diem amount is obtained according to the method described in subsection (a)(1)(B) of this Section. In SIC facilities, the foregoing calculation is modified so that the overall level of functioning is distributed proportionately across each living unit (16-18 clients) in step one of the calculation. If dividing the number of clients results in a fraction, it is rounded up to the next whole number in proportion to the number of clients in the severe/profound level of functioning. The total FTE is obtained by summing the calculation results from each living unit.

B) Additional Direct Services Staff - Staff which is in addition to HCFA's minimum average daily staffing standards (subsection (a)(1) of this Section), and for which the Department will provide reimbursement to ensure the delivery of active treatment. Examples of ADSS include, but are not limited to, staff who provide activity services, dietetic aides, and music therapists.

4) The total reimbursement amount for Active Treatment is the sum of the amounts for QMRP, IDT and ADSS.

c) Specialized Care

An additional amount shall be paid for clients meeting the requirements for services under Specialized Care. Detailed descriptions of services under Specialized Care are found in Section 144.125 Specialized Care - Behavior Development Programs, and Section 144.150, Specialized Care - Health and Sensory Disabilities. The service level for each client meeting the criteria of more than one level under Specialized Care shall be determined according to his/her disability or functional deficit which represents the most intense need for services under Specialized Care, and results in the greatest reimbursement.

1) Specialized Care - Behavior Development Programs

Behavior development programs are related to maladaptive behaviors which occur with high frequency and/or great severity, and are instituted for the reduction of maladaptive behaviors and/or the increase of adaptive behaviors. The behavior development program shall demonstrate the need for and use of a more intensive staffing pattern (direct care staff) than the regular pattern which is reimbursed for under subsection (a)(1) of this Section. The service level for a client who meets the requirements for services under Specialized Care - Behavior

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Development Programs will be identified and validated during the most recent IOC.

A) Level I - .5 hours FTE Direct Service per day. More intense program services are provided for behaviors which occur with high frequency but moderate severity, such as verbal abuse one or more times per four hours which is hostile in tone and content.

B) Level II - 1.0 hours FTE Direct Service per day. More intense program services are provided for behaviors which occur with high frequency and are aggressive or destructive, such as purposeful attacks of others which may result in minimal injuries, one or more times per day.

C) Level III - 2.0 hours FTE Direct Service per day. More intense program services are provided for behaviors which occur with very high frequency such as hyperactivity one or more times per minute, or occur with high frequency and are seriously aggressive, assaultive or destructive and which may result in serious injury.

2) Specialized Care - Health and Sensory Disabilities

Specialized services for health and sensory disabilities refer to care which some clients must receive in order to attain physical health and development.

A) Definitions

i) Ambulatory-The client is capable of walking without assistance or the aid of adaptive equipment or devices.

ii) Mobile Nonambulatory-The client is capable of locomotion with mobility assistance such as adaptive equipment or devices.

iii) Nonmobile-The client is not capable of locomotion even with mobility assistance.

B) Level I - .5 hours FTE Direct Service per day. The client is ambulatory, mobile nonambulatory, or has the potential to become mobile nonambulatory, and requires services to compensate for a sensory deficit (auditory or visual), or services enabling him or her to be mobile (physical disabilities).

i) Sensory deficits-visual. The client's vision is 20/200 or less in the better eye with the greatest possible correction (Section 2 of the Blind Persons Operating Vending Machines Act [20 ILCS 2420/2]).

ii) Sensory deficits-auditory. The client has a hearing impairment of at least 55 decibels in the better ear, unaided.

iii) Physical disabilities means physical impairments which result in functional deficits requiring the client to receive training in the use of a device or devices, to achieve some level of independent mobility.

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- C) Level II - 1.0 hours FTE Direct Service per day. The client is nonmobile or mobile nonambulatory, requires mobility assistance, and requires services to meet high personal care needs. The client may also have significant daily medical needs and/or dual sensory deficits (visual and auditory).

- i) Mobility assistance means assistance in transferring from a bed to an alternative position device, and assistance with movement/mobility around the facility.
- ii) High personal care means one or more of the following: assistance with bathing, clothing, grooming and hygiene, eating and continence; position changes at two hour intervals, or as specified in the individual program plan; range of motion twice a day, or as specified in the individual program plan.
- iii) Daily medical need means daily insulin injections, drug (insulin) monitoring, and/or ostomy care for a jejunostomy, ileostomy or colostomy.
- iv) Dual sensory deficits means both an auditory disability and a visual disability.

AGENCY NOTE: A client who meets the criteria for Level II services is eligible for the FTE nurse:client ratio according to subsections (a)(2)(B), (C) and (D) of this Section.

- D) Level III - 2.0 hours FTE Direct Service per day. The client is typically nonmobile or mobile nonambulatory, but may be ambulatory, and requires services to meet high medical needs. High medical needs mean one or more of the following:

- i) daily intermittent catheterization;
- ii) care for wounds including stage III and IV decubitus ulcers, deep wounds, infected wounds, extensive burns, or extensive lesions requiring treatment in the form of medications, dressings, whirlpool, ultraviolet light and/or irrigations;
- iii) respiratory care including tracheotomy care, positive pressure breathing treatments, aerosol therapy, postural drainage and percussion, vibration and/or suctioning;
- iv) feeding via nasogastric tube, or prolonged oral feeding; and
- v) intensive physical habilitation due to a functional deficit as determined by physical or psychological causes.

AGENCY NOTE: A client who meets the criteria for Level III services is eligible for the FTE nurse:client ratio according to subsections (a)(2)(B), (C) and (D) of this Section.

- 3) The total reimbursement amount for Specialized Care shall be the

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sum of the amounts determined under subsections (c)(1) and (2) of this Section, pro-rated over the number of eligible clients identified in the most recent facility reimbursement survey. For example, if the hourly wage is \$5.00, assume a facility with ten residents, two of whom meet the criteria for Specialized Care - Health and Sensory Disabilities Level II, subsection (c)(2)(C) of this Section, with no daily medical needs or sensory deficits, and eight of whom do not meet Specialized Care criteria. The facility will receive an amount of \$.81 per client per day (two hours X .14 (FTE adjustment factor) divided by eight hours/day = .285 staff; then .285 X (2080 hours/year divided by 365 days/year); then divide by ten clients and multiply by \$.50 to obtain \$0.81).

d) Related Costs

- 1) An amount per client per day will be paid for other program costs, including program - related supplies, consultants and other items necessary for the delivery of active treatment to clients in accordance with their individual program plans.
- 2) For each facility type, this amount will be determined as follows. Add the amounts determined for subsections (a), (b) and (c) of this Section, but excluding the amount for the IDT (subsection (b)(2) of this Section), and then multiply this sum by the factor determined by the Department for the facility's geographic area (see the Department of Public Aid's rule at 89 Ill. Adm. Code 140, Table B). The product plus the amount for the IDT (subsection (b)(2) of this Section), is then multiplied by a constant for the facility type, as follows:

Facility Type	Constant
ICF/DD	.10
SNF/PED or ICF/DD	.15
(An ICF/DD with some clients requiring services under level(s) II and/or III of Specialized Care - Health and Sensory Disabilities).	.20
ICF/DD-16 & S/C	.20

- 3) An ICF/DD with some clients requiring services under Level(s) II and/or III of Specialized Care - Health and Sensory Disabilities, and some clients not requiring such services will have the total related cost calculated according to the weighted sum of the number of clients requiring level(s) II and/or III multiplied by .15, plus the number of clients not requiring such services multiplied by .10. For example, for a facility with a licensed

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capacity of 90 clients, 30 of whom require services under Level(s) II and/or III, and 60 of whom do not require such services, the total related cost will be calculated according to subsection (d)(2) of this Section for both groups of clients. (That is, subsections (a), (b) and (c) of this Section are summed, excluding the amount for the IDR, for clients requiring Level(s) II and/or III and for clients not requiring Level(s) II and/or III. Each sum is multiplied by the factor determined by the Department for the facility's geographic area, and the products are added to the amount for the IDR.) Each outcome is multiplied by the appropriate constant (the SNF/PPD-ICF/DD constant of .15 or the ICF/DD constant of .10), and then by the number of clients in each group respectively. The two products are summed and then divided by the total number of clients.

4) An amount will also be paid for dental services which are in compliance with HCFA's regulations (42 CFR 483.460(e), (f) and (g) (1996)), for each client age 21 or more. This amount will be determined by adding the flat per diem of \$.40 to the amount calculated according to subsection (d)(2) of this Section. This per diem will cover the costs of prophylaxis treatment up to once every six months, and periodontal services as needed for each eligible client.

5) An amount will also be paid for base nursing assessments, development and updating of nursing care plans, health risk information and planning. "Ardivive Dyskinesia (TD) screening, coordination and implementation of medical services, monitoring of medication effectiveness and side effects, and annual flu immunizations in ICF/DD-16s. A flat per diem of \$.57 provides for 12 hours of licensed practical nurse time per person per year and one hour of registered professional nurse time per person per year.

6) An amount will also be paid for supervision of medication administration. The amount to be reimbursed is based upon a 1:12 ratio of registered professional nurse time at \$19.14 per hour (including fringe benefits) to medication administration time. Medication administration time is based upon the number of medication episodes per day documented by each individual's Medication Administration Record (MAR) and the following:

A) Five Minute Episode - Simple medication preparation, individual self-medication training, administration, and documentation, e.g., up to four medications at one time consisting of oral medications, topical medications, ear drops, creams, and/or lotions. Medications in this category may be simple pill administration or may require the pill be crushed and mixed with an edible binder such as applesauce or pudding. This episode type also includes monitoring a person for "cheeking" or spitting out medication.

B) Ten Minute Episode - Advanced medication preparation,

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individual self-medication training, administration and documentation, e.g., glucose monitoring with set insulin injection, blood pressure and/or pulse checks required prior to medication administration, and/or five or more medications at one time.

- C) Fifteen Minute Episode - Complex medication preparation, individual self-medication training, administration and documentation, e.g., glucose monitoring with sliding scale insulin injections, injectable medications, rectal anti-spasmodic medications, i.e., Dilastat with monitoring.
- e) Total Program per Diem - Total program per diem for each facility will be the sum of the amounts from subsections (a), (b), (c) and (d) of this Section.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. 6431, effective March 31, 2000, for a maximum of 150 days)

Section 144.300 Reimbursement for Program (Active Treatment) Costs in Small Scale Residential Facilities **EMERGENCY**

Small scale residential facilities (ICF/MR) with four or six beds for clients with developmental disabilities will be reimbursed for an active treatment program for each client. Facility program reimbursement levels will be derived by the Department from the following three determinants which in combination will result in a total facility program per diem amount. These three determinants will be determined according to information provided in the most recent Inspection of Care (IOC) conducted by Department of Public Health survey staff. This IOC information must be validated by the survey staff prior to utilization for payment purposes. The new reimbursement level will be effective on the first day of the quarter following a facility's IOC. Where dollar, wage, or salary amounts are used, these shall be inflated to the fiscal year for which reimbursement will be made.

a) Minimum Staffing

- 1) Direct Services
- A) Reimbursement for direct services is based on a direct service staffing pattern which is specific to small scale ICF/MR facilities. Facilities must be in compliance with minimum average daily staffing standards relative to client population according to each individual's overall level of functioning. The overall level of functioning for each client is determined according to the method described in Section 144.275 (a)(1)(A)(i) and (ii), and Sections 144-Tables D and E. The direct service staffing patterns based on the size of the residential setting and the overall level of functioning of the client population are:

Overall Level of

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Client Functioning	FTE* Staff
4-Person ICF/MR	
Mild	2.13
Moderate	3.88
Severe or Profound	5.93
6-Person ICF/MR	
Mild	3.2
Moderate	5.02
Severe or Profound	6.84
*FTE = Full Time Equivalent	

B) Reimbursement will be calculated according to the total direct service FTE staff derived from the weighted average of the FTE staff for levels of functioning in the moderate and severe/profound range within the small scale facility. After the total FTE staff are determined, the per diem amount is obtained according to the method in Section 144.275(a)(1)(C)(i).

C) The reimbursement for a client residing in a small scale ICF/MR who has been found to be ineligible for ICF/MR services, as a result of the facility's Interdisciplinary Team (IDT) process or an IOC determination, will be at the mild level of overall functioning for not more than one year from the quarter following the determination of ineligibility. If the client has not been discharged in accordance with Section 144.250 by the end of the one year period, reimbursement will be made at the Department's sheltered care rate. The sheltered care rate will be payment in full for all program, capital and support costs for such clients.

D) Reimbursement for a client admitted to a small scale ICF/MR who is determined to be ineligible, or who is without a determination of eligibility by the preadmission screening process, will be set at the sheltered care rate. The sheltered care rate will be payment in full for all program, capital and support costs. Payment for services for each client who has not been found eligible for the ICF/MR program upon admission will terminate 30 days following the date of admission. Reimbursement for residential services for such a client which is paid to the facility beyond the 30 day period following admission will be recouped by the Department from the next facility payment or other contractual time period.

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E) The facility rate paid will be the weighted average of the total per diem (including capital and support) calculated for eligible clients with mild, moderate and severe/profound levels of overall functioning and the Department's sheltered care rate for clients admitted without previously determined ICF/MR eligibility, or who are ineligible for ICF/MR services as determined by the IDT or IOC process, and remain in the facility for more than one year following the date of the determination of ineligibility.

2) Licensed Nurses

A) If a client requires nursing services due to a physician's plan of care, reimbursement is calculated according to Section 144.275(a)(2)(D). The FTE nurse to client ratios which are specified for ICF/MR facilities with 16 or fewer beds, are also used for a set of small scale ICF/MR facilities as identified by the provider agreements (see the Department of Public Aid's rule at 89 Ill. Adm. Code 140.56(a)).

B) The licensed nurse component is computed according to the method in Section 144.275(a)(2)(E).

3) The total reimbursement amount for Minimum Staffing is the sum of the amount for Direct Services staff plus the amount for Licensed Nurses.

b) Active Treatment

1) Qualified Mental Retardation Professional (QMRP) (Section 144.275(b)(1)(A), (B) and (C)).

A) The reimbursement amount paid is based on sixteen clients in an identified set of 4-person and 6-person ICFs/MR.

B) The amount for QMRPs is based on a required full-time QMRP for every 15 clients. The number of QMRPs shall be obtained by dividing the number of clients in the facility by 15.

The amount paid for QMRPs is computed according to the method in Section 144.275(b)(1)(D).

2) Interdisciplinary Team (IDT) (Section 144.275(b)(2)(B)) - The amount for services rendered by the IDT is based on one day of IDT services per year for each client. This amount is computed to be \$1.02 per client per day.

3) The total reimbursement amount for Active Treatment is the sum of the amounts for QMRP and IDT.

c) Related Costs

1) An amount per client per day will be paid for other program costs, including program related supplies, consultants and other items necessary for the delivery of active treatment to clients in accordance with their individual program plans.

2) For each facility, this amount will be determined as follows. Add the amount determined for subsections (a) and (b) of this Section, but exclude the amount for the IDT. Multiply this sum by the factor determined by the Department for the facility's

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geographic area. The product plus the amount for the IDT is then multiplied by the constant of .20.

- 3) An amount will be paid for dental services that are in compliance with the Health Care Financing Administration's regulations (42 CFR 483.460(e), (f) and (g) (1996)) for each client age 21 or more. This amount will be determined by adding the flat per diem of \$.40 to the amount calculated according to subsection (c)(2) of this Section. This per diem will cover the costs of prophylaxis treatment up to once every six months, and periodontal services as needed for each eligible client.

- 4) An amount will also be paid for base nursing for assessments, development and updating of nursing care plans, health risk identification and planning, Tardive Dyskinesia (TD) screening, coordination and implementation of medical services, monitoring of medication effectiveness and side effects, and annual flu immunizations in small scale residential facilities licensed as ICF/DD-1bs. A flat per diem of \$.57 provides for 12 hours of licensed practical nurse time per person per year and one hour of registered professional nurse time per person per year.

- 5) An amount will also be paid for supervision of medication administration. The amount to be reimbursed is based upon a 1:12 ratio of registered professional nurse time at \$19.44 per hour (including fringe benefits) to medication administration time. Medication administration time is based upon the number of medication episodes per day documented by each individual's Medication Administration Record (MAR) and the following:

A) Five Minute Episode - Simple medication preparation, individual self-medication training, administration, and documentation, e.g., up to four medications at one time consisting of oral medications, topical medications, ear drops, creams, and/or lotions. Medications in this category may be simple pill administration or may require the pill be crushed and mixed with an edible binder such as applesauce or pudding. This episode type also includes monitoring a person for "cheeking" or spitting out medication.

B) Ten Minute Episode - Advanced medication preparation, individual self-medication training, administration and documentation, e.g., glucose monitoring with set insulin injection, blood pressure and/or pulse checks required prior to medication administration, and/or five or more medications at one time.

C) Fifteen Minute Episode - Complex medication preparation, individual self-medication training, administration and documentation, e.g., glucose monitoring with sliding scale insulin injection, injectable medications, rectal anti-spasmodic medications, i.e., Diastat with monitoring.

- d) Total Program Per Diem - Total program per diem for each small scale residential facility will be the sum of the amounts from subsections

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(a), (b) and (c) of this Section.

(Source: Amended by emergency rulemaking at 24 Ill. Reg. effective March 31, 2000, for a maximum of 150 days)

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OFFICE OF BANKS AND REAL ESTATE

NOTICE OF PUBLIC INFORMATION

NOTICE OF FINE IMPOSED UNDER THE
RESIDENTIAL MORTGAGE LICENSE ACT OF 1987
EMBASSY MORTGAGE CORP. OF TINLEY PARK, ILLINOIS

Pursuant to Section 4-5(g) of the Residential Mortgage License Act of 1987 ("the Act"), 205 ILCS 635/4-5(g), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has issued a fine of \$2,000.00 against Embassy Mortgage Corp. of Tinley Park, Illinois, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder.

OFFICE OF BANKS AND REAL ESTATE

NOTICE OF PUBLIC INFORMATION

NOTICE OF EMERGENCY SUSPENSION UNDER THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987 FIRST ALLIANCE CORPORATION OF IRVINE, CALIFORNIA

Pursuant to Section 4-5(c) of the Residential Mortgage License Act of 1987 ("the Act"), 205 ILCS 635/4-5(c), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has suspended for 180 days the license of First Alliance Corporation of Irvine, California, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective March 24, 2000.

OFFICE OF BANKS AND REAL ESTATE

NOTICE OF PUBLIC INFORMATION

NOTICE OF EMERGENCY SUSPENSION UNDER

THE RESIDENTIAL MORTGAGE LICENSE ACT OF 1987
MORTGAGE LENDING CORP. OF EVERGREEN PARK, ILLINOIS

Pursuant to Section 4-5(c) of the Residential Mortgage License Act of 1987 ("the Act"), 205 ILCS 635/4-5(c), notice is hereby given that the Commissioner of the Office of Banks and Real Estate of the State of Illinois has suspended for 180 days the license of Mortgage Lending Corp. of Evergreen Park, Illinois, a licensee under the Act, for violating the terms of the Act and the rules and regulations adopted thereunder, effective March 30, 2000.

DEPARTMENT OF LABOR

NOTICE OF PUBLIC HEARING

Pursuant to section 9 of the Prevailing Wage Act, 820 ILCS 130/9, the Illinois Department of Labor will convene a public hearing to investigate and ascertain the classification(s) of craft(s), or type of worker(s) or mechanic(s), engaging in landscape work on public works projects in the counties of Cook, DuPage, Kane, Lake, McHenry, and Will, State of Illinois, and the prevailing rate of wages for the classification(s).

1) Date, Time and Location of Public Hearings:

Wednesday, April 26, 2000

10:00 A.M.

Illinois Department of Labor

160 North LaSalle Street, Suite C-1300

Chicago, Illinois 60601

2) Other Pertinent Information:

Persons interested in presenting testimony at this hearing are advised that the Illinois Department of Labor will adhere to the following procedures in the conduct of the hearing:

1. No oral testimony shall exceed an aggregate of forty-five (45) minutes.
2. Each person presenting oral testimony shall provide to the hearing officer a written (preferably typed) copy of such testimony at the time the oral testimony is presented. No oral testimony will be accepted without a written copy of the testimony being provided.
3. No person will be recognized to speak for a second time until all persons wishing to testify have done so.
4. Subject to these requirements, when the hearing will be expedited and the interests of the parties will not be prejudiced, any part of the evidence may be offered in written form.
5. In order to provide for a balanced presentation of views and to facilitate the orderly conduct of the hearing, the hearing officer may impose such other rules of procedure, including the order of call of witnesses, as s/he deems necessary. Please take notice that the Illinois Department of Labor shall not use the testimony and/or submission(s) presented by any interested person at the hearing against that person, or organization(s) that s/he represented at the hearing, in a Department of Labor action to administer and enforce the Prevailing Wage Act.

3) Name and Address of Agency Contact Person:

Questions regarding the public hearings shall be directed to:

William A. Rolando, Deputy Director
Illinois Department of Labor
One West Old State Capital Plaza, Room 300
Springfield, Illinois 62701
(217) 782-1704

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of March 28, 2000 through April 3, 2000 and have been scheduled for review by the Committee at its April 11, 2000 meeting in Springfield. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
5/11/00	Department of Children and Family Services, Appeal of Child Abuse and Neglect Investigation Findings (89 Ill Adm Code 336)	10/29/99 23 Ill Reg 13142	4/11/00
5/11/00	State Board of Education, Secular Textbook Loan (23 Ill Adm Code 350)	1/7/00 24 Ill Reg 197	4/11/00
5/11/00	Illinois Racing Board, Trifecta (11 Ill Adm Code 306)	2/4/00 24 Ill Reg 1830	4/11/00
5/11/00	Illinois Racing Board, Account Wagering (11 Ill Adm Code 321)	2/4/00 24 Ill Reg 1814	4/11/00
5/11/00	Illinois Racing Board, Entries and Declarations (11 Ill Adm Code 1312)	2/4/00 24 Ill Reg 1822	4/11/00
5/11/00	Illinois Racing Board, Claiming Races (11 Ill Adm Code 510)	2/4/00 24 Ill Reg 1818	4/11/00
5/11/00	Illinois Racing Board, Entries, Subscriptions, and Declarations (11 Ill Adm Code 1413)	2/4/00 24 Ill Reg 1826	4/11/00
5/11/00	Department of Revenue, Voluntary Telefile Program (86 Ill Adm Code 770)	12/3/99 23 Ill Reg 14117	4/11/00

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
5/12/00	Department of Central Management Services, Pay Plan (80 Ill Adm Code 310)	1/28/00 24 Ill Reg 1419	4/11/00
5/14/00	Department of State Police, General Hearing Procedures (20 Ill Adm Code 1200)	2/14/00 24 Ill Reg 2317	4/11/00

PROCLAMATIONS

2000-141

MUSIC EDUCATION DAY

WHEREAS, music in the schools of Illinois is designed to bring about recognition of the vital place of music in the education process; and
 WHEREAS, music is a powerful and aesthetic force that gives our young people a sense of civilization because it dignifies the realm of feeling by merging intellect and emotion in the search for a humane way of life; and
 WHEREAS, music is a basic influence in the lives of millions of people who participate in performing, listening, and observing experiences developed through music in the schools; and

WHEREAS, it is fitting for the State of Illinois to recognize music in our schools as an essential part of the learning process and to encourage and support this basic art form in the curriculums of the schools of Illinois; and
 WHEREAS, Music Education Day at our Capitol is a special opportunity for citizens to understand and support the ongoing process of music education;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim March 16, 2000, as MUSIC EDUCATION DAY in Illinois.
 Issued by the Governor March 14, 2000.
 Filed by the Secretary of State March 28, 2000.

2000-142

BELARUSIAN INDEPENDENCE DAY

WHEREAS, on the 25th of March 1918, Belarusian Democratic Republic was proclaimed; and

WHEREAS, exhilaration following their Independence was short lived because Russian communist tyranny soon nullified the bright hopes of freedom and self-determination; and

WHEREAS, nevertheless, the spirit of the Belarusian people is not conquered and now the Belarusian nation has an independent state; and
 WHEREAS, the Belarusian American National Council will proudly celebrate the 82nd anniversary of Belarusian Independence Day of history in the Belarusian Church of St. George in Chicago;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim March 25, 2000, as BELARUSIAN INDEPENDENCE DAY in Illinois.

Issued by the Governor March 16, 2000.
 Filed by the Secretary of State March 28, 2000.

2000-143

BISHOP KENNETH EARL DAVIS DAY

WHEREAS, the Reverend Kenneth Earl Davis is Pastor and Founder of Faith Deliverance Church, a church that is a strong foundation of the community and rooted in the Christian belief to provide service to all men; and
 WHEREAS, the Reverend Davis has proven himself hospitable, a lover of what is good, sober-minded, just, holy, self-controlled, holding fast the faithful word as he has been taught, that he may be able, by sound doctrine... Titus 3:8.9; and

WHEREAS, Kenneth Davis is appointed and has served faithfully as First

Administrator to Apostle Aaron Holmes of the New Joy Fellowship of Churches; and

WHEREAS, Kenneth Davis has given himself totally to the service of God and the Church and serves on the Board of Directors to Christian Teen Empowerment Consortium, former board member of West Aurora School District 129 and currently board member of the Aurora PAOS for the homeless;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim April 8, 2000, as BISHOP KENNETH EARL DAVIS DAY in Illinois.

Issued by the Governor March 16, 2000.

Filed by the Secretary of State March 28, 2000.

2000-144

DOCTOR'S DAY

WHEREAS, Doctor's Day, Monday, March 30, 2000, is designed to celebrate patient care by physicians and the marvelous advances in medical care for all Illinoisans; and

WHEREAS, Doctor's Day reminds all Illinois residents to commit themselves to exercise and good nutrition; and

WHEREAS, Doctor's Day celebrates the trust which exists between the physician and the patient; and

WHEREAS, Doctor's Day commemorates the birthday of Crawford W. Long, M.D., a Georgia physician who first used ether anesthesia; and

WHEREAS, Doctor's Day was adopted by the U.S. Congress in 1958 and is celebrated each year on March 30; and

WHEREAS, the 11,000 physicians of the Chicago Medical Society are working together to promote the best in care for their patients;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim March 30, 2000, as DOCTOR'S DAY in Illinois.

Issued by the Governor March 17, 2000.

Filed by the Secretary of State March 28, 2000.

2000-145

JIM TRIPP DAY

WHEREAS, Jim Tripp came to Olivet-Nazarene University in 1960 as a student, and took a job as plumber's helper which through a series of promotions led to him becoming director of the physical plant in 1969; and

WHEREAS, he has seen the school grow from a campus with eight buildings to a facility with over 60 buildings and increased size to over 175 acres; and

WHEREAS, Mr. Tripp has shown unwavering dedication to his responsibilities and caring for the physical structure of Olivet; and

WHEREAS, Jim recalls times of difficulty for Olivet such as a fire in the boiler room and a tornado; and

WHEREAS, Jim Tripp has deep compassion for the community, demonstrated in his 30 year service to the County Board of Kanekee County, elected from district 4, in his concern for public safety issues and maintenance of the courthouse, as well as his membership on the church board at First Church of the Nazarene in Kanekee; and

WHEREAS, Jim Tripp and his wife, Joan (Munau), have raised their three children in Bourbonnais and are the proud grandparents of eight; and

WHEREAS, Jim will continue to stay in Kanekee County and serve others

even after his 40 years as director of the physical plant at Olivet;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim Sunday, March 19, 2000, as JIM TRIPP DAY in Illinois.

Issued by the Governor March 17, 2000.

Filed by the Secretary of State March 28, 2000.

2000-146

JUNIOR LEAGUE OF GREATER DUKANE, INC. DAY

WHEREAS, the Junior League of Greater Dukane, Inc. is an organization of women who are committed to promoting volunteerism, developing the potential of women and improving the community through the effective action and leadership of trained volunteers; and

WHEREAS, women from DuPage, Kane, Kendall and Will Counties provide hours of valuable support and expertise in their local communities; and

WHEREAS, the Junior League of Greater DuKane, Inc. also works to improve the quality of life for children at risk; and

WHEREAS, projects supported by the League's membership include Kids on the Block, Greater DuPage WM's Parents' Tantiy, Childserv, Glenwood School for Boys, DuPage Children's Museum and Story Wizards; and

WHEREAS, the Junior League of Greater Dukane, Inc. is holding its annual gala, Winterflight: "Viva Las Vegas", on March 18, 2000, to celebrate the success of the League in accomplishing its goals;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim March 18, 2000, as JUNIOR LEAGUE OF GREATER DUKANE, INC. DAY in Illinois.

Issued by the Governor March 17, 2000.

Filed by the Secretary of State March 28, 2000.

2000-147

SALAMEH ZAMAYED DAY

WHEREAS, Salameh Zamayed arrived in Chicago as a student on September 2, 1961, and graduated from Mayfair College with an Associated Degree in Business Administration; and

WHEREAS, Salameh Zamayed married Nadia and they have four children, Ronnie, Rana, Koula and Rita. Salameh and Nadia owned their own businesses including Amana Certified and Jet Travel; and

WHEREAS, on September 9, 1991, Salameh Zamayed became the first Arab American to open an Arab American TV program, Voice of the Middle East, on Channel 26. In 1995 he started a radio program Voice of the Community and continued his TV work hosting the popular Arab American TV program Good Evening Chicago on Channel 23; and

WHEREAS, Salameh Zamayed has served on many boards and committees including as National President of the Ramallah Federation, President of St. George Church and Chairman of the Board of Directors of the Phoenician Club, which named him Man of the Year in 1985; and

WHEREAS, Salameh Zamayed helped establish the Human Relations commissions Advisory Council on Arab Affairs and became the first Director and Community Liaison; and

WHEREAS, on March 23, 2000, at the Westin Michigan Avenue Hotel, there will be a Testimonial Dinner honoring Salameh Zamayed for his years of dedication and commitment to the Arab American community in Illinois;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim March 23, 2000, as SALAMEH ZAMAYED DAY in Illinois.

Issued by the Governor March 17, 2000.

Filed by the Secretary of State March 28, 2000.

2000-148

CANCER FATIGUE AWARENESS DAY

WHEREAS, an estimated 55,000 Illinoisans will be diagnosed with cancer in the year 2000, with lung cancer, the leading cause of cancer death among both men and women, and Illinois has identified as the fourth highest number of new lung cancer cases; and

WHEREAS, debilitating fatigue is the most common side effect of cancer and its treatment, affecting 76 percent of cancer patients undergoing chemotherapy, fatigue is frequently under-recognized and under-treated; and

WHEREAS, cancer-related fatigue contributes to cancer's estimated \$107 billion cost of care and lost productivity annually in the United States; and

WHEREAS, many lung cancer patients are anemic at diagnosis, and cancer-related fatigue is commonly caused by chemotherapy-induced anemia that can aggravate common symptoms of lung cancer and can interfere with a patient's lifestyle; and

WHEREAS, oncology nurses are committed to providing quality care and continually demonstrate excellence in teaching, research and education about cancer-related fatigue; and

WHEREAS, the Oncology Nursing Society and the Alliance for Lung Cancer Advocacy, Support and Education are sponsoring its Third Annual National Fatigue Awareness Day campaign on April 6, 2000; and

WHEREAS, there is a pressing need to elevate awareness of the importance of diagnosing and treating cancer-related fatigue to improve the everyday life of cancer patients and their families;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim April 6, 2000, as CANCER FATIGUE AWARENESS DAY in Illinois.

Issued by the Governor March 20, 2000.

Filed by the Secretary of State March 28, 2000.

2000-149

MANHATTAN WOMAN'S CLUB MONTH

WHEREAS, the Manhattan Woman's Club was founded in 1975 and has served the community for 25 years; and

WHEREAS, members of the Manhattan Woman's Club have provided activities including dances, roller skating, parties and field trips for the youth of the community and an annual luncheon with entertainment and safety instructions for senior citizens of the community; and

WHEREAS, the Manhattan Woman's Club provides support to the Manhattan Library District with monetary donations, volunteers to help at the library and by donating books each year; and

WHEREAS, club members have supported the local schools with monetary donations, presenting a Career Day at the junior high school, and serving an annual Teacher's Appreciation Luncheon/Dinner; and

WHEREAS, the Manhattan Woman's Club has consistently presented an annual Prayer Breakfast with musical programs and refreshments for the people of the

community; and

WHEREAS, the Manhattan Woman's Club has sponsored blood drives and conducted blood pressure screenings for the people of the community; and

WHEREAS, the Manhattan Woman's Club provides annual scholarships for high school graduates for college or trade school and continuing education scholarships for club members; and

WHEREAS, the Manhattan Woman's Club provides information to the community concerning art contests, art classes and art scholarships which are available; and

WHEREAS, the Manhattan Woman's Club conducts conservation projects within the community, which include planting and tending a flower garden at the park, participating in the annual Clean Up Day for the Village, and participating in the Adopt-a-Highway project along Route 52, as well as many other conservation projects throughout the years;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim March 20, 2000, as MANHATTAN WOMAN'S CLUB MONTH in Illinois.

Issued by the Governor March 20, 2000.

Filed by the Secretary of State March 28, 2000.

2000-150

RECORDS AND INFORMATION MANAGEMENT WEEK

WHEREAS, the management of records and information is critical to every business, organization and government agency in facing the complexities of competition, customer service and globalization; and

WHEREAS, technologies for storing information are expanding the amounts of information that can be acquired with increased longevity; and

WHEREAS, the need to use information to create value and plan strategically is a driving force in today's world; and

WHEREAS, control of records and information is necessary for reduction of risk and liability as well as for compliance with global standards; and

WHEREAS, the citizens of Illinois should recognize the important service performed by records and information professionals;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim April 2-9, 2000, as RECORDS AND INFORMATION MANAGEMENT WEEK in Illinois.

Issued by the Governor March 20, 2000.

Filed by the Secretary of State March 28, 2000.

2000-151

THE MEDICAL ASSISTANT "A QUESTION OF BALANCE" WEEK

WHEREAS, the health of all our citizens is directly affected by the many professional medical assistants who support and assist physicians in rendering life-saving services; and

WHEREAS, many medical assistants seek to maintain the highest standards of excellence by taking advantage of educational programs offered by professional organizations such as the American Association of Medical Assistants. This involvement ensures that our citizens receive the best medical care possible; and

WHEREAS, we should commend the dedication of those in medical fields who seek to upgrade their profession and improve their careers as valuable members of medical teams;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim April 23-29, 2000, as THE MEDICAL ASSISTANT "A QUESTION OF BALANCE" WEEK in Illinois.

Issued by the Governor March 20, 2000.

Filed by the Secretary of State March 28, 2000.

2000-152

ARMED FORCES APPRECIATION DAY

WHEREAS, since June 14, 1775, the United States Army has preserved the peace and security of the United States and its territories by supporting national policies and overcoming any nation responsible for aggressive acts that imperil the peace and security of these United States of America; and

WHEREAS, since November 10, 1775, the United States Marines have served as America's amphibious force-in-readiness; "first to fight," defending America on land, sea, and air across the globe; and

WHEREAS, since August 4, 1790, the United States Coast Guard has kept a constant watch for those in danger at sea, deferred smugglers and polluters, kept aid to navigation working properly, defended our shores during time of war, and has kept shipping lanes free from winter's ice; and

WHEREAS, since April 30, 1798, the United States Navy has maintained, trained, and equipped combat ready Naval forces capable of winning wars, deterring aggression, and maintaining freedom of the seas; and

WHEREAS, since July 22, 1947, the United States Air Force has defended the nation through control and exploitation of air and space;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim April 29, 2000, as ARMED FORCES APPRECIATION DAY in Illinois.

Issued by the Governor March 21, 2000.

Filed by the Secretary of State March 28, 2000.

2000-153

GREEK INDEPENDENCE DAY

WHEREAS, Illinoisans of Greek ancestry have been closely identified with the educational, professional, economic, religious, and cultural progress of our State since its earliest days; and

WHEREAS, Greece is universally acknowledged to have been "the cradle of democracy" and people of independent nations everywhere are indebted to the Greek formulation of principles of self-government; and

WHEREAS, the nation of Greece has contributed immeasurably to the ideals of freedom and democracy and to the rich heritage that forms the foundation of western civilization; and

WHEREAS, the 179th Anniversary of Greek Independence will be celebrated March 25, 2000, by people of Greek origin to commemorate their freedom; and

WHEREAS, on March 26, 2000, the parade commemorating the Hellenic Experience will take place in Chicago, in Greek Town;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim March 25, 2000, as GREEK INDEPENDENCE DAY in Illinois.

Issued by the Governor March 21, 2000.

Filed by the Secretary of State March 28, 2000.

2000-154

GROUNDWATER PROTECTION MONTH

WHEREAS, Illinois is blessed with a high-quality water supply; and
 WHEREAS, the water cycle connects surface and groundwater resources and the understanding of this connection is essential to protecting these resources; and

WHEREAS, groundwater resources are present throughout the State, serving approximately 4.5 million people, more than 5,500 public water supplies and a significant number of Illinois industries; and
 WHEREAS, it is the responsibility of everyone to protect water resources;

and WHEREAS, Best Management Practices, including construction procedures, sealing abandoned wells, and maintaining fuel tanks, can protect both surface and groundwater by preventing or reducing the potential for contamination; and
 WHEREAS, demonstrations of Best Management Practices foster landowner understanding, responsibility, and stewardship for water resources; and
 WHEREAS, the Illinois Council on Best Management Practices (C-BMP), a coalition of agribusiness, agricultural organizations, and University of Illinois Extension, assists and encourages adoption of Best Management Practices to protect water quality in Illinois;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim May 2000 as GROUNDWATER PROTECTION MONTH in Illinois and encourage all Illinois citizens to learn and take responsible action to protect Illinois' water resources.

Issued by the Governor March 21, 2000.

Filed by the Secretary of State March 28, 2000.

2000-155

STUDENT-ATHLETE DAY

WHEREAS, thousands of America's youth use their athletic ability to allow them to obtain an education and develop skills to help them later in life; and
 WHEREAS, perseverance, teamwork, self-discipline, commitment to a goal and the belief in racial, gender and ethnic equality are fostered by and promoted by both the academic and athletic pursuits of student-athletes; and
 WHEREAS, former student-athletes have proven they are successful away from the game, having become many of this country's business, governmental, community and educational leaders; and

WHEREAS, it takes tremendous dedication and hard work for a student-athlete to successfully juggle schoolwork, athletics training and social activities; and

WHEREAS, athletes concentrate on the joy and skill of the game rather than just the victory; and

WHEREAS, coaches, parents and educators express the highest expectations for academic performance as well as athletics performance; and
 WHEREAS, last year more than 269,000 student-athletes nation-wide were honored for their hard work at high schools, colleges and universities; and
 WHEREAS, the 13th annual celebration of Student-Athlete Day created by the National Consortium for Academics and Sports will be held April 6, 2000;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim April 6, 2000, as STUDENT-ATHLETE DAY in Illinois.
 Issued by the Governor March 21, 2000.

Filed by the Secretary of State March 28, 2000.

2000-156

VOLUNTEER WEEK

WHEREAS, our nation was built upon a spirit of volunteerism, and the talents and energies of American volunteers continue to be one of our greatest resources; and

WHEREAS, America cannot depend on government alone to solve all of its societal problems; and

WHEREAS, volunteerism is increasingly recognized as an important partner with government and industry; and
 WHEREAS, involvement is needed today more than ever to combat growing human and social problems, to renew our belief that these problems can be solved, and to strengthen our sense of community; and

WHEREAS, volunteering offers Illinoisans the opportunity to participate in their communities and lend their talents and resources, making change possible, and address some of the major issues facing our State; and
 WHEREAS, every day countless volunteers across America work to address the fundamental necessities of our people, education of our youths, protecting our environment, and caring for those in need; and

WHEREAS, it is fitting for all citizens to join in this celebration of our rich volunteer heritage and recognize the dedicated volunteers and volunteer programs that contribute immeasurable benefits to communities;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim April 9-15, 2000, as VOLUNTEER WEEK in Illinois.

Issued by the Governor March 21, 2000.

Filed by the Secretary of State March 28, 2000.

2000-157

CHILD ABUSE PREVENTION MONTH

WHEREAS, child abuse is a community problem and finding solutions depends on involvement among people throughout the State of Illinois; and

WHEREAS, approximately 300,000 children are reported abused and neglected in the State of Illinois each year; and

WHEREAS, the effects of child abuse are felt by whole communities, and need to be addressed by all communities throughout the entire State of Illinois; and

WHEREAS, effective child abuse prevention programs succeed because of partnerships created among government entities, social service agencies, schools, religious and social organizations, law enforcement agencies and businesses; and

WHEREAS, all citizens throughout Illinois should become more aware of the negative effects of child abuse and its prevention within all communities, and become involved in supporting parents to raise their children in safe, nurturing environments; and
 WHEREAS, if all citizens, community agencies, religious organizations, medical facilities and businesses increase their participation in statewide and local efforts to prevent child abuse, they will thereby strengthen not only their own communities, but also the entire State of Illinois;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim

April 2000 as CHILD ABUSE PREVENTION MONTH in Illinois.

Issued by the Governor March 22, 2000.

Filed by the Secretary of State March 28, 2000.

2000-158

INFANT IMMUNIZATION AWARENESS WEEK

WHEREAS, early immunizations for preventable diseases such as diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, haemophilus influenzae type b meningitis and hepatitis B are necessary to maintain our children's health and well-being; and

WHEREAS, 98 percent of the nearly 2 million children enrolled in Illinois schools are fully immunized but only 81 percent of 2-year-old children are properly immunized; and

WHEREAS, it is advised that all children be immunized as early in life as medically recommended, rather than waiting until the child enters school; and

WHEREAS, preventing disease is more cost-effective than treating illnesses, and immunizations are a proven method of prevention; and

WHEREAS, the Illinois Department of Public Health in conjunction with local health departments, hospitals, public vaccine providers, other community organizations and the U.S. Centers for Disease Control and Prevention have joined together to launch "You Gave Them Life, Protect It," a national immunization campaign; and

WHEREAS, this campaign is designed to increase parents' understanding of age appropriate immunizations and to expand proper immunization practices among health care providers;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim April 16-22, 2000, as INFANT IMMUNIZATION AWARENESS WEEK in Illinois.

Issued by the Governor March 22, 2000.

Filed by the Secretary of State March 28, 2000.

2000-159

LONG-TERM CARE ADMINISTRATORS WEEK

WHEREAS, Long-Term Care Administrators care for our loved ones and strive to provide their residents the opportunity to experience the highest quality of life; and

WHEREAS, Long-Term Care Administrators work long hours maintaining the quality of care given in their facilities and continuously striving to improve their facilities; and

WHEREAS, Long-Term Care Administrators are bound by numerous regulations and budgetary constraints, yet they succeed in performing their duties while motivating their staff;

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim March 15-21, 2000, as LONG-TERM CARE ADMINISTRATORS WEEK in Illinois.

Issued by the Governor March 22, 2000.

Filed by the Secretary of State March 28, 2000.

2000-160

VICTIM'S RIGHTS WEEK

WHEREAS, the personal safety of people living in the United States is a

top priority for both policy makers and the American public; and

WHEREAS, in 1996, although the nation's crime rate underwent an historic drop, U.S. residents still experienced nearly 37 million criminal victimization's, including over nine million violent crimes; and

WHEREAS, when one man, woman or child in America is harmed by crime, all Americans are touched by the devastating results; and

WHEREAS, our nation's victim's rights discipline has contributed enormously to crime prevention, victim assistance, and community safety; and

WHEREAS, crime victims and those who serve them are a significant force for positive changes that have resulted in improved victims' rights and services, and laws that truly promote justice for all; and

WHEREAS, during 2000 Illinois Crime Victims' Rights Week, the myriad good deeds and important work of crime victims and their advocates deserve our State's recognition and respect; and

WHEREAS, during the week of April 9-14, 2000, and throughout the year, our State of Illinois joins together to celebrate "Victims' Rights Week";

THEREFORE, I, George H. Ryan, Governor of the State of Illinois, proclaim April 9-14, 2000, as VICTIM'S RIGHTS WEEK in Illinois.

Issued by the Governor March 22, 2000.

Filed by the Secretary of State March 28, 2000.

ACTION CODES	
A - Adopted Rule	P - Proposed Rule
AR - Adopted Repealer	PF - Prohibited Filing Order by JCAR*
C - Notice of Corrections	PP - Peremptory or Court Ordered Rules
CC - Codification Changes	PR - Proposed Repealer
E - Emergency Rule	R - Refusal to meet JCAR* Objection
ER - Emergency Repealer	RC - Statement of Recommendation
M - Modification to meet JCAR*	S - Suspension ordered by JCAR*
O - Objections	W - Withdrawal to meet JCAR*
O - JCAR* Statement of Objections	MR - Objections
RQ - Request for Correction	MR - Modification and Refusal
EC - Expedited Corrections	*Joint Committee on Administrative Rules

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 762-7017.

AGRICULTURE, DEPARTMENT OF

8 Ill. Adm. Code 110	Animal Disease Laboratories Act (P-11356/99;A-990)
8 Ill. Adm. Code 85	Diseased Animals (P-11363/99;A-997)
8 Ill. Adm. Code 105	Diseased Animals (P-11392/99;A-1017)
8 Ill. Adm. Code 80	Illinois Bovidae And Cervidae Tuberculosis
8 Ill. Adm. Code 250	Brucination Act (P-11369/99;A-1003)
8 Ill. Adm. Code 115	Illinois Pesticide Act (P-187)
8 Ill. Adm. Code 115	Illinois Pseudorabies Control Act (P-11387/99;A-1012)
8 Ill. Adm. Code 125	Meat And Poultry Inspection Act (P-1746) (PP-3933) (PP-5699)
2 Ill. Adm. Code 700	Organizational Chart, Description, Rulemaking, Procedure, And Programs (A-1564)
ATTORNEY GENERAL	
14 Ill. Adm. Code 400	Charitable Solicitation Act (P-5727)
14 Ill. Adm. Code 480	Charitable Trust Act (P-5782)
AUDITOR GENERAL	
74 Ill. Adm. Code 440	Code Of Rules (P-12834/99;A-2321)
44 Ill. Adm. Code 500	Purchases And Contracts (PR-12841/99;AR-1834) (P12845/99;A-1836)
BANKS AND REAL ESTATE OFFICE, OF	
68 Ill. Adm. Code 1450	Real Estate License Act Of 2000 (O-3428)

BANKS AND REAL ESTATE, OFFICE OF

58 Ill. Adm. Code 1440	Auction License Act (P-13349/99;A-3518)
38 Ill. Adm. Code 375	Calculation, Assessment And Collection Of Periodic Fees (P-12006/99;A-2225)
38 Ill. Adm. Code 315	Electronic Funds Transfers (P-14140/99;A-4932)
38 Ill. Adm. Code 1000	Illinois Savings And Loan Act Of 1985 (P-8544/99;A-853)
68 Ill. Adm. Code 1260	Land Sales Registration Act (PR-383) (P-385) (ER-680) (E-691)
68 Ill. Adm. Code 1450	Real Estate License Act (P-387) (PR-390) (E-704) (ER-785) (R-3424) (M-3425)
68 Ill. Adm. Code 1451	Real Estate Time Share Act (P-393) (E-850)
38 Ill. Adm. Code 1050	Residential Mortgage License Act Of 1987 (P-8555/99;A-64)
38 Ill. Adm. Code 1075	Savings Bank Act (P-8564/99;A-73)

CAPITAL DEVELOPMENT BOARD

44 Ill. Adm. Code 980	Prequalification Of Architects And Engineers (P-1407)
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71 Ill. Adm. Code 40	Standards For Award Of Grants: School Construction Program (P-10896/99;A-233)
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CARNIVAL-AMUSEMENT SAFETY BOARD

56 Ill. Adm. Code 6000	Carnival and Amusement Ride Inspection Law (P-10898/99;A-490)
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CENTRAL MANAGEMENT SERVICES, DEPARTMENT OF

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00-003 A Day for Hearts: Congenital Heart Defect
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00-005 Schaumburg Junior Chamber of Commerce Week
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00-025 Groundhog Job Shadow Day
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00-028 Licensed Practical Nurse Week
00-028 Licensed Practical Nurse Week (Revised)

00-029 Asian American Coalition of Chicago Day
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00-031 American Heart/Save Month
00-032 Career and Technical Education Week
00-033 Future Business Leaders of America-Phi Beta Lambda
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00-034 Nutrition Month
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00-038 SkillUSA-VICA Week
00-039 Smith Museum of Stained Glass Windows Day
00-040 50th Anniversary of the Greater Palatine Chamber
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00-041 Charter for Illinois Children Day
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The Sections affected Index lists, by Title, each Section of a Part on which nulemaking has occurred in this volume (calendar year) of the *Illinois Register*. The columns indicate the type of nulemaking activity and the action taken along with the page number on which the first page of the notice of nulemaking activity appeared. If a Section on which action is being taken in the current volume of the Register is proposed in a previous volume, the last two digits of the previous volume's year appear immediately after the page number separated by a slash, e.g. 11 Ill. Adm. Code 463.115 was proposed last year and adopted this year. The action entry reads (P-1563599(A-6530)). The codes are listed below.

TYPE OF RULE MAKING

am = amend to existing Section
n = New Section
r = repeal of existing Section
re = recodified
= renumbered

ACTION CODE

P = Proposed Rule
A = Amended Rule
PF = Prohibited Filing
E = Emergency
S = Suspension
O = JCAR Objection
PR = Peremption
PC = Notice of Public Comment on Proposed Rule
F = Failure to Remedy Objections
M = Modification
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R = Recommendations
RS = Response
CC = Codification Changes
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1750.210	am	(A-3650)	1875.40	am	(P-4382)
1750.310	am	(A-3650)	1875.230	am	(P-4382)
1750.320	am	(A-3650)	1875 Ap.A	am	(P-4382)
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1750.350	am	(A-3650)	1875 Ap.D	am	(P-4382)
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1826.303	r	(A-273)	1925.230	am	(A-6571)
1826.304	r	(A-273)	1925.250	r	(A-6571)
1826.305	r	(A-273)	1925.260	am	(A-6571)
1826.401	r	(A-273)	1925.270	am	(A-6571)
1826.402	r	(A-273)	1925.280	am	(A-6571)
1826.403	r	(A-273)	1925.285	am	(A-6571)
1826.404	r	(A-273)	1925.290	am	(A-6571)
1826.405	r	(A-273)	1925.295	am	(A-6571)
1826.406	r	(A-273)	1925.297	am	(A-6571)
1826.501	r	(A-273)	1925.298	am	(A-6571)
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80.120	am	(P-1136999A-1003)	550.40	n	(P-2882)(E-3391)
80.130	am	(P-1136999A-1003)	550.50	n	(P-2882)(E-3391)
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85.120	am	(P-1136999A-1003)	550.80	n	(P-2882)(E-3391)
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105.7	am	(P-1139299A-1017)	130.843	am	(P-219)(E-341)
105.10	am	(P-1139299A-1017)	550.10	n	(P-2882)(E-3391)
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115.15	am	(P-1138799A-1012)	550.40	n	(P-2882)(E-3391)
115.80	am	(P-1138799A-1012)	550.50	n	(P-2882)(E-3391)
115.110	n	(P-1138799A-1012)	550.60	n	(P-2882)(E-3391)
115.120	n	(P-1138799A-1012)	550.70	n	(P-2882)(E-3391)
125.10	am	(PP-3033)	550.80	n	(P-2882)(E-3391)
125.20	am	(PP-3033)	550.90	n	(P-2882)(E-3391)
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102 534	n (P-5531) f
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102 556	n (P-5531) f
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103 032	n (P-5531) f
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103 044	n (P-5531) f
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103 052	n (P-5531) f
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103 082	n (P-5531) f
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103 086	n (P-5531) f
103 088	n (P-5531) f
103 090	n (P-5531) f
103 092	n (P-5531) f
103 094	n (P-5531) f
103 096	n (P-5531) f
103 098	n (P-5531) f
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104 006	n (P-5531) f
104 008	n (P-5531) f
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104 076	n (P-5531) f
104 078	n (P-5531) f
104 080	n (P-5531) f
104 082	n (P-5531) f
104 084	n (P-5531) f
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106.101	r	(P-5326)	r	(P-5326)	106.728	n	(P-5377)	106.960	r	(P-5326)
106.102	r	(P-5326)	n	(P-5377)	106.730	n	(P-5377)	106.962	r	(P-5326)
106.103	r	(P-5377)	n	(P-5326)	106.732	n	(P-5377)	106.964	r	(P-5326)
106.104	r	(P-5326)	n	(P-5377)	106.734	n	(P-5377)	106.966	r	(P-5326)
106.104	r	(P-5326)	n	(P-5377)	106.736	n	(P-5377)	106.968	r	(P-5326)
106.105	r	(P-5326)	r	(P-5326)	106.738	n	(P-5377)	106.970	r	(P-5326)
106.106	r	(P-5326)	n	(P-5377)	106.740	n	(P-5377)	106.972	r	(P-5326)
106.107	r	(P-5326)	n	(P-5377)	106.801	r	(P-5326)	106.974	r	(P-5326)
106.200	n	(P-5377)	n	(P-5326)	106.802	r	(P-5326)	106.976	r	(P-5326)
106.201	r	(P-5326)	n	(P-5377)	106.803	r	(P-5326)	106.978	r	(P-5326)
106.202	r	(P-5326)	n	(P-5377)	106.804	r	(P-5326)	106.980	r	(P-5326)
106.203	n	(P-5377)	n	(P-5326)	106.805	r	(P-5326)	106.982	r	(P-5326)
106.204	r	(P-5326)	n	(P-5377)	106.806	r	(P-5326)	106.Ap.A	r	(P-5326)
106.204	r	(P-5326)	n	(P-5377)	106.807	r	(P-5326)	107.100	r	(P-5442)
106.206	n	(P-5377)	n	(P-5326)	106.808	r	(P-5326)	107.102	r	(P-5463)
106.208	n	(P-5377)	n	(P-5326)	106.901	r	(P-5326)	107.103	r	(P-5442)
106.210	n	(P-5377)	n	(P-5326)	106.902	r	(P-5326)	107.104	n	(P-5463)
106.300	n	(P-5377)	n	(P-5326)	106.903	r	(P-5326)	107.106	n	(P-5463)
106.301	r	(P-5326)	n	(P-5377)	106.904	r	(P-5326)	107.120	r	(P-5442)
106.302	r	(P-5326)	n	(P-5377)	106.905	r	(P-5326)	107.121	r	(P-5442)
106.303	r	(P-5326)	n	(P-5377)	106.906	r	(P-5326)	107.122	r	(P-5442)
106.304	r	(P-5326)	n	(P-5377)	106.907	r	(P-5326)	107.123	r	(P-5442)
106.305	r	(P-5326)	n	(P-5377)	106.910	r	(P-5326)	107.124	r	(P-5442)
106.306	r	(P-5326)	n	(P-5377)	106.911	r	(P-5326)	107.140	r	(P-5442)
106.400	n	(P-5377)	n	(P-5326)	106.912	r	(P-5326)	107.141	r	(P-5442)
106.401	n	(P-5377)	n	(P-5326)	106.913	r	(P-5326)	107.160	r	(P-5442)
106.402	r	(P-5326)	n	(P-5377)	106.914	r	(P-5326)	107.181	r	(P-5442)
106.403	r	(P-5377)	n	(P-5326)	106.915	r	(P-5326)	107.200	r	(P-5442)
106.404	r	(P-5326)	n	(P-5377)	106.916	r	(P-5326)	107.201	r	(P-5442)
106.405	r	(P-5326)	n	(P-5377)	106.920	r	(P-5326)	107.202	r	(P-5442)
106.406	r	(P-5326)	n	(P-5377)	106.921	r	(P-5326)	107.206	n	(P-5463)
106.407	r	(P-5326)	n	(P-5377)	106.922	r	(P-5326)	107.208	n	(P-5463)
106.408	r	(P-5326)	n	(P-5377)	106.923	r	(P-5326)	107.220	r	(P-5442)
106.410	n	(P-5377)	n	(P-5326)	106.924	r	(P-5326)	107.221	r	(P-5442)
106.411	n	(P-5377)	n	(P-5326)	106.925	r	(P-5326)	107.223	r	(P-5442)
106.412	n	(P-5326)	n	(P-5377)	106.930	r	(P-5326)	107.224	r	(P-5442)
106.413	r	(P-5326)	n	(P-5377)	106.931	r	(P-5326)	107.225	r	(P-5442)
106.414	r	(P-5326)	n	(P-5377)	106.932	r	(P-5326)	107.226	r	(P-5442)
106.415	r	(P-5326)	n	(P-5377)	106.933	r	(P-5326)	107.227	r	(P-5442)
106.416	r	(P-5326)	n	(P-5377)	106.934	r	(P-5326)			
106.417	r	(P-5326)	n	(P-5377)	106.935	r	(P-5326)			
106.418	r	(P-5326)	n	(P-5377)	106.936	r	(P-5326)			
106.419	r	(P-5326)	n	(P-5377)	106.937	r	(P-5326)			
106.420	r	(P-5326)	n	(P-5377)	106.938	r	(P-5326)			
106.421	r	(P-5326)	n	(P-5377)	106.939	r	(P-5326)			
106.422	r	(P-5326)	n	(P-5377)	106.940	r	(P-5326)			
106.423	r	(P-5326)	n	(P-5377)	106.941	r	(P-5326)			
106.424	r	(P-5326)	n	(P-5377)	106.942	r	(P-5326)			
106.425	r	(P-5326)	n	(P-5377)	106.943	r	(P-5326)			
106.426	r	(P-5326)	n	(P-5377)	106.944	r	(P-5326)			
106.427	r	(P-5326)	n	(P-5377)	106.945	r	(P-5326)			
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107 241	r	(P-5442)	120 203	r	(P-5411)	130 218	n	(P-5426)	207 800	n	(PC-2159)
107 242	r	(P-5442)	120 210	r	(P-5411)	130 220	n	(P-5426)	207 802	n	(PC-2159)
107 243	r	(P-5442)	120 215	r	(P-5411)	130 222	n	(P-5426)	207 804	n	(PC-2159)
107 244	r	(P-5442)	120 220	r	(P-5411)	130 300	n	(P-5426)	207 806	n	(PC-2159)
107 245	r	(P-5442)	120 225	r	(P-5411)	130 302	n	(P-5426)	207 900	n	(PC-2159)
107 246	r	(P-5442)	120 230	r	(P-5411)	130 304	n	(P-5426)	207 902	n	(PC-2159)
107 248	r	(P-5442)	120 240	r	(P-5411)	130 306	n	(P-5426)	207 904	n	(PC-2159)
107 260	r	(P-5442)	120 245	r	(P-5411)	130 308	n	(P-5426)	283 110	n	(P-204)
107 280	r	(P-5442)	120 250	r	(P-5411)	130 310	n	(P-5426)	283 120	n	(P-204)
107 300	r	(P-5442)	120 260	r	(P-5411)	130 312	n	(P-5426)	283 130	n	(P-204)
	n	(P-5463)	120 265	r	(P-5411)	130 314	n	(P-5426)	283 210	n	(P-204)
107 301	r	(P-5442)	120 270	r	(P-5411)	130 402	n	(P-5426)	283 220	n	(P-204)
107 302	r	(P-5442)	120 301	r	(P-5411)	130 404	n	(P-5426)	283 230	n	(P-204)
	r	(P-5463)	120 305	r	(P-5411)	130 406	n	(P-5426)	283 240	n	(P-204)
107 304	n	(P-5463)	120 310	r	(P-5411)	130 408	n	(P-5426)	283 250	n	(P-204)
107 306	n	(P-5463)	120 315	r	(P-5411)	207 100	n	(PC-2159)	310 107	n	(P-11991/99;A-2372)
107 308	r	(P-5463)	120 320	r	(P-5411)	207 102	n	(PC-2159)	399 Ap.A	am	(P-2382)
107 310	r	(P-5442)	120 325	r	(P-5411)	207 104	n	(PC-2159)	703 123	am	(P-4658)
107 312	r	(P-5442)	120 330	r	(P-5411)	207 200	n	(PC-2159)	703 161	am	(P-4658)
107 360	r	(P-5442)	120 340	r	(P-5411)	207 300	n	(PC-2159)	703 183	am	(P-4658)
107 361	r	(P-5442)	120 350	r	(P-5411)	207 302	n	(PC-2159)	703 205	am	(P-4658)
107 362	r	(P-5463)	120 360	r	(P-5411)	207 304	n	(PC-2159)	703 208	am	(P-4658)
107 400	n	(P-5463)	120 401	r	(P-5411)	207 306	n	(PC-2159)	703 220	#am	(P-4658)
107 402	n	(P-5463)	120 Ap.A	r	(P-5411)	207 308	n	(PC-2159)	703 221	n	(P-4658)
107 404	n	(P-5463)	125 100	n	(P-5555)	207 310	n	(PC-2159)	703 301	am	(P-4658)
107 500	n	(P-5463)	125 102	n	(P-5555)	207 312	n	(PC-2159)	703 303	am	(P-4658)
107 502	n	(P-5463)	125 104	n	(P-5555)	207 314	n	(PC-2159)	703 304	am	(P-4658)
107 504	n	(P-5463)	125 200	n	(P-5555)	207 316	n	(PC-2159)	703 306	am	(P-4658)
107 506	n	(P-5463)	125 202	n	(P-5555)	207 318	n	(PC-2159)	703 Ap.A	am	(P-4658)
107 508	n	(P-5173)	125 204	n	(P-5555)	207 400	n	(PC-2159)	720 110	am	(P-4403)
108 100	n	(P-5173)	125 206	n	(P-5555)	207 402	n	(PC-2159)	720 111	am	(P-12087/99;A-1063)
108 102	n	(P-5173)	125 208	n	(P-5555)	207 404	n	(PC-2159)	721 109	am	(P-4438)
108 104	n	(P-5173)	125 210	n	(P-5555)	207 406	n	(PC-2159)	721 132	am	(P-4438)
108 200	n	(P-5173)	125 212	n	(P-5555)	207 408	n	(PC-2159)	721 138	am	(P-4438)
108 202	n	(P-5173)	125 214	n	(P-5555)	207 410	n	(PC-2159)	721 Ap.A	n	(P-4438)
108 304	n	(P-5173)	125 216	n	(P-5555)	207 500	n	(PC-2159)	722 134	am	(P-12185/99;A-1136)
108 306	n	(P-5173)	130 100	n	(P-5426)	207 502	n	(PC-2159)	722 136	am	(P-4714)
108 308	n	(P-5173)	130 102	n	(P-5426)	207 504	n	(PC-2159)	724 101	am	(P-4724)
108 400	n	(P-5173)	130 104	n	(P-5426)	207 506	n	(PC-2159)	724 440	am	(P-4724)
108 402	n	(P-5173)	130 106	n	(P-5426)	207 508	n	(PC-2159)	724 701	am	(P-4724)
108 404	n	(P-5173)	130 108	n	(P-5426)	207 510	n	(PC-2159)	724 931	am	(P-12195/99;A-1146)
108 406	n	(P-5173)	130 110	n	(P-5426)	207 512	n	(PC-2159)	724 980	am	(P-12195/99;A-1146)
108 500	n	(P-5173)	130 200	n	(P-5426)	207 600	n	(PC-2159)	724 983	am	(P-4724)
108 502	n	(P-5173)	130 202	n	(P-5426)	207 602	n	(PC-2159)	724 986	am	(P-12195/99;A-1146)
108 504	n	(P-5173)	130 204	n	(P-5426)	207 604	n	(PC-2159)	725 101	am	(P-4480)
108 506	n	(P-5173)	130 206	n	(P-5426)	207 606	n	(PC-2159)	725 101	am	(P-4480)
120 101	r	(P-5411)	130 208	n	(P-5426)	207 610	n	(PC-2159)	725 980	am	(P-12100/99;A-1076)
120 102	r	(P-5411)	130 210	n	(P-5426)	207 612	n	(PC-2159)			
120 103	r	(P-5411)	130 212	n	(P-5426)						

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726 200	am	(P-4745)
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728 102	am	(P-4529)
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809 302	am	(P-2489/99;W-2490)
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1500 30	n	(P-193XE-307)
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375 10	am	(P-12003/99;A-225)
375 20	am	(P-12003/99;A-225)
375 30	am	(P-12003/99;A-225)
375 31	am	(P-12003/99;A-225)
375 32	n	(P-12003/99;A-225)
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375 40	am	(P-12003/99;A-225)
375 41	am	(P-12003/99;A-225)
375 50	am	(P-12003/99;A-225)
375 51	am	(P-12003/99;A-225)
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1050 360	am	(P-8555/99;A-64)
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171 70	n	(P-22158/98;A-277)
171 90	n	(P-22158/98;A-277)
171 100	n	(P-22158/98;A-277)
171 110	n	(P-22158/98;A-277)
171 120	n	(P-22158/98;A-277)
171 150	n	(P-22158/98;A-277)
171 160	n	(P-22158/98;A-277)
171 180	n	(P-22158/98;A-277)
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916.5A	am (P-6990.99;A-3547)	116.30	n (P-1182.99;A-2656)	4320.16	n (P-4008)
916.6A	am (P-6990.99;A-3547)	116.40	n (P-1182.99;A-2656)	4320.17	n (P-4008)
916.7A	r (P-6990.99;A-3547)	116.50	n (P-1182.99;A-2656)	4320.18	n (P-4008)
916.8A	r (P-6990.99;A-3547)	116.60	n (P-1182.99;A-2656)	4320.19	n (P-4008)
916.9A	r (P-6990.99;A-3547)	116.70	n (P-1182.99;A-2656)	4320.20	n (P-4008)
916.10A	r (P-6990.99;A-3547)	116.80	n (P-1182.99;A-2656)	4320.21	n (P-4008)
916.11A	r (P-6990.99;A-3547)	116.90	n (P-1182.99;A-2656)	4320.22	n (P-4008)
916.12A	r (P-6990.99;A-3547)	117.00	n (P-1182.99;A-2656)	4320.23	n (P-4008)
916.13A	r (P-6990.99;A-3547)	117.10	n (P-1182.99;A-2656)	4320.24	n (P-4008)
916.14A	r (P-6990.99;A-3547)	117.20	n (P-1182.99;A-2656)	4320.25	n (P-4008)
916.15A	r (P-6990.99;A-3547)	117.30	n (P-1182.99;A-2656)	4320.26	n (P-4008)
916.16A	r (P-6990.99;A-3547)	117.40	n (P-1182.99;A-2656)	4320.27	n (P-4008)
916.17A	r (P-6990.99;A-3547)	117.50	n (P-1182.99;A-2656)	4320.28	n (P-4008)
916.18A	r (P-6990.99;A-3547)	117.60	n (P-1182.99;A-2656)	4320.29	n (P-4008)
916.19A	r (P-6990.99;A-3547)	117.70	n (P-1182.99;A-2656)	4320.30	n (P-4008)
916.20A	r (P-6990.99;A-3547)	117.80	n (P-1182.99;A-2656)	4320.31	n (P-4008)
916.21A	r (P-6990.99;A-3547)	117.90	n (P-1182.99;A-2656)	4320.32	n (P-4008)
916.22A	r (P-6990.99;A-3547)	118.00	n (P-1182.99;A-2656)	4320.33	n (P-4008)
916.23A	r (P-6990.99;A-3547)	118.10	n (P-1182.99;A-2656)	4320.34	n (P-4008)
916.24A	r (P-6990.99;A-3547)	118.20	n (P-1182.99;A-2656)	4320.35	n (P-4008)
916.25A	r (P-6990.99;A-3547)	118.30	n (P-1182.99;A-2656)	4320.36	n (P-4008)
916.26A	r (P-6990.99;A-3547)	118.40	n (P-1182.99;A-2656)	4320.37	n (P-4008)
916.27A	r (P-6990.99;A-3547)	118.50	n (P-1182.99;A-2656)	4320.38	n (P-4008)
916.28A	r (P-6990.99;A-3547)	118.60	n (P-1182.99;A-2656)	4320.39	n (P-4008)
916.29A	r (P-6990.99;A-3547)	118.70	n (P-1182.99;A-2656)	4320.40	n (P-4008)
916.30A	r (P-6990.99;A-3547)	118.80	n (P-1182.99;A-2656)	4320.41	n (P-4008)
916.31A	r (P-6990.99;A-3547)	118.90	n (P-1182.99;A-2656)	4320.42	n (P-4008)
916.32A	r (P-6990.99;A-3547)	119.00	n (P-1182.99;A-2656)	4320.43	n (P-4008)
916.33A	r (P-6990.99;A-3547)	119.10	n (P-1182.99;A-2656)	4320.44	n (P-4008)
916.34A	r (P-6990.99;A-3547)	119.20	n (P-1182.99;A-2656)	4320.45	n (P-4008)
916.35A	r (P-6990.99;A-3547)	119.30	n (P-1182.99;A-2656)	4320.46	n (P-4008)
916.36A	r (P-6990.99;A-3547)	119.40	n (P-1182.99;A-2656)	4320.47	n (P-4008)
916.37A	r (P-6990.99;A-3547)	119.50	n (P-1182.99;A-2656)	4320.48	n (P-4008)
916.38A	r (P-6990.99;A-3547)	119.60	n (P-1182.99;A-2656)	4320.49	n (P-4008)
916.39A	r (P-6990.99;A-3547)	119.70	n (P-1182.99;A-2656)	4320.50	n (P-4008)
916.40A	r (P-6990.99;A-3547)	119.80	n (P-1182.99;A-2656)	4320.51	n (P-4008)
916.41A	r (P-6990.99;A-3547)	119.90	n (P-1182.99;A-2656)	4320.52	n (P-4008)
916.42A	r (P-6990.99;A-3547)	120.00	n (P-1182.99;A-2656)	4320.53	n (P-4008)
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SECTIONS AFFECTED INDEX

750,215	n	(P-3486)	1245,150	am	(P-12248/99-A-518)	
750,215	r	(P-3486)	1245,160	am	(P-12248/99-A-518)	
750,220	n	(P-3486)	1245,200	r	(P-12248/99-A-518)	
750,225	r	(P-3486)	1245,210	am	(P-12248/99-A-518)	
750,235	r	(P-3486)	1245,250	am	(P-12248/99-A-518)	
750,245	r	(P-3486)	1245,260	am	(P-12248/99-A-518)	
750,300	am	(P-3486)	1245,300	am	(P-12248/99-A-518)	
750,320	am	(P-3486)	1245,320	am	(P-12248/99-A-518)	
750,330	am	(P-3486)	1245,310	am	(P-12248/99-A-518)	
750,400	n	(P-3486)	1247,200	r	(P-11824/99-A-537)	
750,410	n	(P-3486)	1247,200	r	(P-11824/99-A-537)	
750,420	n	(P-3486)	1247,55	n	(P-11824/99-A-537)	
750,430	n	(P-3486)	1247,70	n	(P-11824/99-A-537)	
750,500	n	(P-3486)	1247,75	n	(P-11824/99-A-537)	
750,510	n	(P-3486)	1247,90	am	(P-11824/99-A-537)	
750,520	n	(P-3486)	1247,100	am	(P-11824/99-A-537)	
750,530	n	(P-3486)	1247,120	am	(P-11824/99-A-537)	
750,540	n	(P-3486)	1250,150	am	(P-12276/99-A-550)	
750,550	n	(P-3486)	1250,150	am	(P-12276/99-A-550)	
750,600	am	(P-3486)	1250,160	am	(P-12267/99-A-550)	
750,700	n	(P-3486)	1250,165	n	(P-12267/99-A-550)	
750,710	n	(P-3486)	1255,15	r	(P-12295/99-A-1928)	
750,720	n	(P-3486)	1255,25	am	(P-12295/99-A-1928)	
750,730	n	(P-3486)	1255,30	am	(P-12295/99-A-1928)	
750,800	n	(P-3486)	1255,50	am	(P-12295/99-A-1928)	
750,900	am	(P-3486)	1255,65	am	(P-12295/99-A-1928)	
750,910	n	(P-3486)	1255,70	am	(E-872)	
750,1000	n	(P-3486)	1255,70	am	(P-12295/99-A-1928)	
750,1100	am	(P-3486)	1255,80	am	(P-12295/99-A-1928)	
750,1110	am	(P-3486)	1255,85	am	(P-12295/99-A-1928)	
750,160	am	(P-12276/99-A-559)	1260,11	am	(P-383(E)-680)	
750,170	am	(P-12276/99-A-559)	1260,12	re	(P-383(E)-680)	
150,75	am	(P-12276/99-A-559)	1260,13	re	(P-383(E)-680)	
150,175	n	(P-12276/99-A-559)	1260,14	re	(P-383(E)-680)	
150,180	am	(P-12276/99-A-559)	1260,15	re	(P-383(E)-680)	
160,60	50	am	(P-12538/99-A-3611)	re	(P-383(E)-680)	
210,210	25	am	(P-11814/99-A-508)	1260,16	re	(P-383(E)-680)
210,210	210	am	(P-11814/99-A-508)	1260,17	re	(P-383(E)-680)
210,210	237	am	(P-11814/99-A-508)	1260,18	re	(P-383(E)-680)
230,155	n	(P-11820/99-A-514)	1260,19	re	(P-383(E)-680)	
240,10	am	(P-11847/99-A-587)	1260,21	re	(P-383(E)-680)	
240,15	am	(P-11847/99-A-587)	1260,22	re	(P-383(E)-680)	
240,16	am	(P-11847/99-A-587)	1260,23	re	(P-383(E)-680)	
240,20	am	(P-11847/99-A-587)	1260,24	am	(P-11847/99-A-587)	
240,24	am	(P-11847/99-A-587)	1260,25	am	(P-11847/99-A-587)	
240,24	am	(P-11847/99-A-587)	1260,26	am	(P-11847/99-A-587)	
240,24	am	(P-11847/99-A-587)	1260,27	am	(P-11847/99-A-587)	
240,24	am	(P-11847/99-A-587)	1260,28	am	(P-11847/99-A-587)	
240,24	am	(P-11847/99-A-587)	1260,29	am	(P-11847/99-A-587)	
240,24	am	(P-11847/99-A-587)	1260,30	am	(P-11847/99-A-587)	
240,24	am	(P-11847/99-A-587)	1260,31	am	(P-11847/99-A-587)	
240,24	am	(P-11847/99-A-587)	1260,32	am	(P-11847/99-A-587)	
240,24	am	(P-11847/99-A-587)	1260,33	re	(P-383(E)-680)	
240,24	am	(P-11847/99-A-587)	1260,34	re	(P-383(E)-680)	
240,24	am	(P-11847/99-A-587)	1260,35	re	(P-383(E)-680)	
240,24	am	(P-11847/99-A-587)	1260,105	n	(P-385(E)-691)	
240,24	am	(P-11847/99-A-587)	1260,110	n	(P-385(E)-691)	
240,24	am	(P-11847/99-A-587)	1260,115	n	(P-385(E)-691)	
240,24	am	(P-11847/99-A-587)	1260,120	n	(P-385(E)-691)	
240,24	am	(P-11847/99-A-587)	1260,125	n	(P-385(E)-691)	
240,24	am	(P-11847/99-A-587)	1260,130	n	(P-385(E)-691)	
240,24	am	(P-11847/99-A-587)	1260,135	n	(P-385(E)-691)	
240,24	am	(P-11847/99-A-587)	1260,140	n	(P-385(E)-691)	
240,24	am	(P-11847/99-A-587)	1260,145	n	(P-385(E)-691)	
240,24	am	(P-11847/99-A-587)	1260,150	n	(P-385(E)-691)	
240,24	am	(P-11847/99-A-587)	1260,200	n	(P-385(E)-691)	

SECTIONS AFFECTED INDEX

1260.205	n	(P-385)(E-691)	300, Ap C	n	(P-6374.099-A-1191)	1450.18	re	(P-390)(E-785)	1450.195	n	(P-387)(E-704)
1260.300	n	(P-385)(E-691)	300, Ap B	n	(P-6374.099-A-1191)	1450.20	n	(P-390)(E-785)	1450.200	n	(P-387)(E-704)
1260.305	n	(P-385)(E-691)	300, Ap D	n	(P-6374.099-A-1191)	1450.21	n	(P-387)(E-704)	1450.205	n	(P-387)(E-704)
1260.405	n	(P-385)(E-691)	3320, 30	am	(P-1335.999-A-3656)	1450.25	n	(P-390)(E-785)	1450.210	re	(P-390)(E-785)
1270.5	am	(P-1228.099-A-576)	3320, 30	am	(P-1335.999-A-3656)	1450.30	n	(P-390)(E-785)	1450.215	re	(P-390)(E-785)
1270.10	am	(P-1228.099-A-576)	3320, 30	am	(P-1335.999-A-3656)	1450.35	n	(P-387)(E-704)	1450.220	re	(P-387)(E-704)
1270.30	am	(P-1228.099-A-576)	3320, 30	am	(P-1335.999-A-3656)	1450.40	re	(P-390)(E-785)	1450.225	n	(P-387)(E-704)
1270.40	am	(P-1228.099-A-576)	3320, 100	am	(P-1335.999-A-3656)	1450.45	re	(P-390)(E-785)	1450.230	n	(P-387)(E-704)
1270.50	am	(P-1228.099-A-576)	3320, 100	am	(P-1335.999-A-3656)	1450.50	re	(P-390)(E-785)	1450.235	re	(P-390)(E-785)
1275.60	am	(P-1186.099-A-619)	3320, 220	am	(P-1335.999-A-3656)	1450.55	n	(P-390)(E-785)	1450.240	n	(P-387)(E-704)
1275.60	am	(P-1186.099-A-619)	3320, 240	am	(P-1335.999-A-3656)	1450.60	n	(P-387)(E-704)	1450.245	n	(P-387)(E-704)
1275.75	am	(P-1186.099-A-619)	3320, 240	am	(P-1335.999-A-3656)	1450.65	n	(P-390)(E-785)	1450.250	re	(P-390)(E-785)
1275.80	am	(P-1186.099-A-619)	3320, 300	am	(P-1335.999-A-3656)	1450.70	re	(P-390)(E-785)	1450.255	re	(P-387)(E-704)
1283.20	am	(P-1795)	3320, 300	am	(P-11838-A-567)	1450.75	n	(P-390)(E-785)	1450.260	re	(P-390)(E-785)
1283.30	am	(P-1795)	3340, 57	am	(P-11838-A-567)	1450.80	n	(P-387)(E-704)	1450.265	n	(P-387)(E-704)
1283.40	am	(P-1795)	3340, 57	am	(P-11838-A-567)	1450.85	n	(P-387)(E-704)	1450.270	re	(P-390)(E-785)
1283.50	am	(P-1795)	3370, 305	am	(P-480)(E-875)	1450.90	n	(P-387)(E-704)	1450.275	re	(P-390)(E-785)
1285.20	am	(P-12308.99-A-3620)	3380, 240	am	(P-1235.999-A-625)	1450.95	n	(P-390)(E-785)	1450.280	n	(P-387)(E-704)
1285.30	am	(P-12308.99-A-3620)	3380, 250	am	(P-1235.999-A-625)	1450.100	re	(P-390)(E-785)	1450.285	n	(P-390)(E-785)
1285.40	am	(P-12308.99-A-3620)	3380, 275	am	(P-1235.999-A-625)	1450.105	n	(P-387)(E-704)	1450.290	n	(P-387)(E-704)
1285.60	am	(P-12308.99-A-3620)	3380, 280	am	(P-1235.999-A-625)	1450.110	re	(P-387)(E-704)	1450.295	n	(P-387)(E-704)
1285.70	am	(P-12308.99-A-3620)	3380, 300	am	(P-1235.999-A-625)	1450.115	n	(P-387)(E-704)	1450.300	n	(P-387)(E-704)
1285.80	am	(P-12308.99-A-3620)	3380, 300	am	(P-1235.999-A-625)	1450.120	re	(P-390)(E-785)	1450.305	re	(P-390)(E-785)
1285.105	r	(P-12308.99-A-3620)	1440, 120	n	(P-1334.999-A-3318)(E-1341.999)	1450.125	n	(P-387)(E-704)	1450.310	re	(P-387)(E-704)
1285.110	am	(P-12308.99-A-3620)	1440, 140	n	(P-1334.999-A-3318)(E-1341.999)	1450.130	n	(P-387)(E-704)	1450.315	re	(P-387)(E-704)
1285.120	am	(P-12308.99-A-3620)	1440, 150	n	(P-1334.999-A-3318)(E-1341.999)	1450.135	n	(P-387)(E-704)	1450.320	n	(P-390)(E-785)
1285.130	am	(P-12308.99-A-3620)	1440, 160	n	(P-1334.999-A-3318)(E-1341.999)	1450.140	n	(P-390)(E-785)	1450.325	re	(P-390)(E-785)
1285.140	am	(P-2052)	1440, 180	n	(P-1334.999-A-3318)(E-1341.999)	1450.145	n	(P-387)(E-704)	1450.330	re	(P-390)(E-785)
1285.265	am	(P-6374.099-A-1191)	1300, 10	am	(P-6374.099-A-1191)	1450.150	re	(P-390)(E-785)	1450.335	re	(P-387)(E-704)
1300.10	am	(P-6374.099-A-1191)	1300, 10	am	(P-6374.099-A-1191)	1450.155	n	(P-387)(E-704)	1450.340	n	(P-387)(E-704)
1300.25	am	(P-6374.099-A-1191)	1300, 25	am	(P-6374.099-A-1191)	1450.160	n	(P-387)(E-704)	1450.345	re	(P-390)(E-785)
1300.30	am	(P-6374.099-A-1191)	1300, 30	am	(P-6374.099-A-1191)	1450.165	n	(P-387)(E-704)	1450.350	re	(P-390)(E-785)
1300.45	am	(P-6374.099-A-1191)	1300, 45	am	(P-6374.099-A-1191)	1450.170	n	(P-390)(E-785)	1450.355	re	(P-390)(E-785)
1300.100	am	(P-6374.099-A-1191)	1300, 100	am	(P-6374.099-A-1191)	1450.175	re	(P-390)(E-785)	1450.360	re	(P-393)(E-850)
1300.42	am	(P-6374.099-A-1191)	1300, 42	am	(P-6374.099-A-1191)	1450.180	re	(P-387)(E-704)	1451.10	n	(P-387)(E-704)
1300.43	am	(P-6374.099-A-1191)	1300, 43	am	(P-6374.099-A-1191)	1450.185	n	(P-387)(E-704)			
1300.44	am	(P-6374.099-A-1191)	1300, 44	am	(P-6374.099-A-1191)	1450.190	n	(P-387)(E-704)			
1300.50	am	(P-6374.099-A-1191)	1300, 50	am	(P-6374.099-A-1191)	1450.195	n	(P-387)(E-704)			
1300.60	am	(P-6374.099-A-1191)	1300, 60	am	(P-6374.099-A-1191)	1450.200	n	(P-387)(E-704)			
1300.65	am	(P-6374.099-A-1191)	1300, 65	am	(P-6374.099-A-1191)	1450.205	n	(P-387)(E-704)			
1300.80	am	(P-6374.099-A-1191)	1300, 80	am	(P-6374.099-A-1191)	1450.210	n	(P-387)(E-704)			
1300.85	am	(P-6374.099-A-1191)	1300, 85	am	(P-6374.099-A-1191)	1450.215	n	(P-387)(E-704)			
1300.90	am	(P-6374.099-A-1191)	1300, 90	am	(P-6374.099-A-1191)	1450.220	n	(P-387)(E-704)			
1300.95	am	(P-6374.099-A-1191)	1300, 95	am	(P-6374.099-A-1191)	1450.225	n	(P-387)(E-704)			
1301.00	am	(P-6374.099-A-1191)	1301, 00	am	(P-6374.099-A-1191)	1450.230	n	(P-387)(E-704)			
1301.05	am	(P-6374.099-A-1191)	1301, 05	am	(P-6374.099-A-1191)	1450.235	n	(P-387)(E-704)			
1301.10	am	(P-6374.099-A-1191)	1301, 10	am	(P-6374.099-A-1191)	1450.240	n	(P-387)(E-704)			
1301.15	am	(P-6374.099-A-1191)	1301, 15	am	(P-6374.099-A-1191)	1450.245	n	(P-387)(E-704)			
1301.20	am	(P-6374.099-A-1191)	1301, 20	am	(P-6374.099-A-1191)	1450.250	n	(P-387)(E-704)			
1301.25	am	(P-6374.099-A-1191)	1301, 25	am	(P-6374.099-A-1191)	1450.255	n	(P-387)(E-704)			
1301.30	am	(P-6374.099-A-1191)	1301, 30	am	(P-6374.099-A-1191)	1450.260	n	(P-387)(E-704)			
1301.35	am	(P-6374.099-A-1191)	1301, 35	am	(P-6374.099-A-1191)	1450.265	n	(P-387)(E-704)			
1301.40	am	(P-6374.099-A-1191)	1301, 40	am	(P-6374.099-A-1191)	1450.270	n	(P-387)(E-704)			
1301.45	am	(P-6374.099-A-1191)	1301, 45	am	(P-6374.099-A-1191)	1450.275	n	(P-387)(E-704)			
1301.50	am	(P-6374.099-A-1191)	1301, 50	am	(P-6374.099-A-1191)	1450.280	n	(P-387)(E-704)			
1301.55	am	(P-6374.099-A-1191)	1301, 55	am	(P-6374.099-A-1191)	1450.285	n	(P-387)(E-704)			
1301.60	am	(P-6374.099-A-1191)	1301, 60	am	(P-6374.099-A-1191)	1450.290	n	(P-387)(E-704)			
1301.65	am	(P-6374.099-A-1191)	1301, 65	am	(P-6374.099-A-1191)	1450.295	n	(P-387)(E-704)			
1301.70	am	(P-6374.099-A-1191)	1301, 70	am	(P-6374.099-A-1191)	1450.300	n	(P-387)(E-704)			
1301.75	am	(P-6374.099-A-1191)	1301, 75	am	(P-6374.099-A-1191)	1450.305	n	(P-387)(E-704)			
1301.80	am	(P-6374.099-A-1191)	1301, 80	am	(P-6374.099-A-1191)	1450.310	n	(P-387)(E-704)			
1301.85	am	(P-6374.099-A-1191)	1301, 85	am	(P-6374.099-A-1191)	1450.315	n	(P-387)(E-704)			
1301.90	am	(P-6374.099-A-1191)	1301, 90	am	(P-6374.099-A-1191)	1450.320	n	(P-387)(E-704)			
1301.95	am	(P-6374.099-A-1191)	1301, 95	am	(P-6374.099-A-1191)	1450.325	n	(P-387)(E-704)			
1302.00	am	(P-6374.099-A-1191)	1302, 00	am	(P-6374.099-A-1191)	1450.330	n	(P-387)(E-704)			
1302.05	am	(P-6374.099-A-1191)	1302, 05	am	(P-6374.099-A-1191)	1450.335	n	(P-387)(E-704)			
1302.10	am	(P-6374.099-A-1191)	1302, 10	am	(P-6374.099-A-1191)	1450.340	n	(P-387)(E-704)			
1302.15	am	(P-6374.099-A-1191)	1302, 15	am	(P-6374.099-A-1191)	1450.345	n	(P-387)(E-704)			
1302.20	am	(P-6374.099-A-1191)	1302, 20	am	(P-6374.099-A-1191)	1450.350	n	(P-387)(E-704)			
1302.25	am	(P-6374.099-A-1191)	1302, 25	am	(P-6374.099-A-1191)	1450.355	n	(P-387)(E-704)			
1302.30	am	(P-6374.099-A-1191)	1302, 30	am	(P-6374.099-A-1191)	1450.360	n	(P-387)(E-704)			
1302.35	am	(P-6374.099-A-1191)	1302, 35	am	(P-6374.099-A-1191)	1450.365	n	(P-387)(E-704)			
1302.40	am	(P-6374.099-A-1191)	1302, 40	am	(P-6374.099-A-1191)	1450.370	n	(P-387)(E-704)			
1302.45	am	(P-6374.099-A-1191)	1302, 45	am	(P-6374.099-A-1191)	1450.375	n	(P-387)(E-704)			
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1302.55	am	(P-6374.099-A-1191)	1302, 55	am	(P-6374.099-A-1191)	1450.385	n	(P-387)(E-704)			
1302.60	am	(P-6374.099-A-1191)	1302, 60	am	(P-6374.099-A-1191)	1450.390	n	(P-387)(E-704)			
1302.65	am	(P-6374.099-A-1191)	1302, 65	am	(P-6374.099-A-1191)	1450.395	n	(P-387)(E-704)			
1302.70	am	(P-6374.099-A-1191)	1302, 70	am	(P-6374.099-A-1191)	1450.400	n	(P-387)(E-704)			
1302.75	am	(P-6374.099-A-1191)	1302, 75	am	(P-6374.099-A-1191)	1450.405	n	(P-387)(E-704)			
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1302.85	am	(P-6374.099-A-1191)	1302, 85	am	(P-6374.099-A-1191)	1450.415	n	(P-387)(E-704)			
1302.90	am	(P-6374.099-A-1191)	1302, 90	am	(P-6374.099-A-1191)	1450.420	n	(P-387)(E-704)			
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1303.05	am	(P-6374.099-A-1191)	1303, 05	am	(P-6374.099-A-1191)	1450.435	n	(P-387)(E-704)			
1303.10	am	(P-6374.099-A-1191)	1303, 10	am	(P-6374.099-A-1191)	1450.440	n	(P-387)(E-704)			
1303.15	am	(P-6374.099-A-1191)	1303, 15	am	(P-6374.099-A-1191)	1450.445	n	(P-387)(E-704)			
1303.20	am	(P-6374.099-A-1191)	1303, 20	am	(P-6374.099-A-1191)	1450.450	n	(P-387)(E-704)			
1303.25	am	(P-6374.099-A-1191)	1303, 25	am	(P-6374.099-A-1191)	1450.455	n	(P-387)(E-704)			
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130.2175	am	(P-3128)	730.605	r	(P-2884)
130.2180	am	(P-3128)	730.705	am	(P-2884)
130.2185	am	(P-3128)	730.725	am	(P-2884)
130.2190	am	(P-3128)	750.400	am	(P-13535.99,A-3867)
130.2195	am	(P-3128)	1910.5	am	(P-12547.99,A-1233)

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1910.25	am	(P-12547.99,A-1233)	121.90	r	(P-3726)(E-3871)
1910.30	am	(P-12547.99,A-1233)	121.91	r	(P-3726)(E-3871)
1910.40	am	(P-12547.99,A-1233)	121.92	am	(P-3726)(E-3871)
1910.50	am	(P-12547.99,A-1233)	121.145	am	(P-3726)(E-3871)
1910.60	am	(P-12547.99,A-1233)	125.100	am	(P-5607)
1910.63	am	(P-12547.99,A-1233)	125.110	am	(P-5607)
1910.67	am	(P-12547.99,A-1233)	125.200	am	(P-5607)
1910.69	am	(P-12547.99,A-1233)	125.205	am	(P-5607)
1910.71	am	(P-12547.99,A-1233)	125.210	n	(P-5607)
1910.73	n	(P-12547.99,A-1233)	125.220	am	(P-5607)
1910.74	n	(P-12547.99,A-1233)	125.230	am	(P-5607)
1910.75	am	(P-12547.99,A-1233)	125.240	am	(P-5607)
1910.90	am	(P-12547.99,A-1233)	125.245	am	(P-5607)
3000.230	am	(P-7823.99,A-1037)(E-8191.99)	125.250	am	(P-5607)
3000.232	n	(P-7823.99,A-1037)(E-8191.99)	125.260	am	(P-5607)
3000.235	am	(P-7823.99,A-1037)(E-8191.99)	125.300	am	(P-5607)
3000.236	am	(P-7823.99,A-1037)(E-8191.99)	125.301	r	(P-4004)
3000.237	n	(P-7823.99,A-1037)(E-8191.99)	125.302	r	(P-4004)
3000.237	n	(P-7823.99,A-1037)(E-8191.99)	125.310	am	(P-5607)(E-4217)
3000.500	am	(P-7823.99,A-1037)(E-8191.99)	125.320	am	(P-5607)(E-4217)
3000.510	am	(P-7823.99,A-1037)(E-8191.99)	125.330	am	(P-5607)
3000.1071	am	(P-7823.99,A-1037)(E-8191.99)	125.340	am	(P-5607)
TITLE 89			125.400	am	(P-5607)
10.220	n	(P-965)	125.420	am	(P-5607)
10.225	n	(P-965)	125.440	am	(P-5607)
10.230	n	(P-965)	125.445	n	(P-5607)
10.235	n	(P-965)	130.300	am	(P-4004)
10.250	n	(P-965)	130.301	r	(P-4004)
10.263	n	(P-965)	130.302	r	(P-4004)
10.268	n	(P-965)	130.310	r	(P-4004)
10.283	n	(P-965)	130.312	r	(P-4004)
10.410	n	(P-965)	130.313	r	(P-4004)
50.230	am	(P-10778.99,A-1058)	130.314	r	(P-4004)
102.210	am	(P-3474)	130.320	r	(P-4004)
104.100	am	(P-11410.99,A-2418)	130.321	r	(P-4004)
104.102	am	(P-11410.99,A-2418)	140.10	am	(P-4071)
104.103	am	(P-11410.99,A-2418)	140.481	am	(P-9733.99,A-661)
112.10	am	(P-12064.99,A-2348)	140.497	am	(P-9733.99,A-661)
112.82	am	(P-9089,A-289)	146.205	am	(P-2586)
113.113	am	(P-12019.99,A-2328)	146.210	am	(P-2586)
113.141	am	(P-12020.99,W-1294)	146.215	am	(P-2586)
113.247	am	(P-2562)	146.220	am	(P-2586)
113.253	am	(P-949)	146.225	am	(P-2586)
113.260	am	(P-949)	146.230	am	(P-2586)
114.1	am	(P-13979.99,A-5688)	146.235	am	(P-2586)
114.710	am	(P-12048.99,A-2338)	146.245	am	(P-2586)
120.10	am	(P-25)	146.255	am	(P-2586)
120.11	am	(P-25)	146.290	am	(P-2586)
120.31	am	(P-25)	146.295	am	(P-12576.99,A-3845)
120.60	am	(P-25)	146.296	am	(P-12576.99,A-3845)
120.64	am	(P-25)	146.298	am	(P-12576.99,A-3845)
120.400	n	(P-25)	148.120	am	(P-8586.99,A-2400)

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148.310	am	(P-5631)	340.130	n	(P-926)
148.340	am	(P-4033)	340.Ap.A	n	(P-926)
148.350	am	(P-4033)	340.Ap.B	n	(P-926)
148.360	r	(P-4033)	378.30	am	(P-2050)(E-2476)
148.370	am	(P-4033)	386.10	n	(P-5036)
148.380	am	(P-4033)	386.20	n	(P-5036)
148.390	am	(P-4033)	386.30	n	(P-5036)
148.400	am	(P-4033)	386.40	n	(P-5036)
160.5	am	(P-12573.99.A-3808)	401.230	am	(P-399)
160.60	am	(P-12573.99.A-3808)	402.8	am	(P-5063)
160.70	am	(P-11407.99.A-2380)	403.10	am	(P-5073)
160.85	n	(P-12573.99.A-3808)	404.37	am	(P-5042)
160.95	n	(P-12573.99.A-3808)	406.13	am	(E-4207)
160.100	am	(P-12573.99.A-3808)	406.16	am	(P-5058)
160.110	am	(P-12573.99.A-3808)	407.380	am	(P-5047)
160.120	am	(P-12573.99.A-3808)	407.390	am	(P-5047)
160.130	am	(P-12573.99.A-3808)	408.65	am	(E-4212)
160.132	am	(P-12573.99.A-3808)	408.85	am	(P-5068)
160.134	am	(P-12573.99.A-3808)	410.190	am	(P-5077)
160.136	am	(P-12573.99.A-3808)	412.10	am	(P-3464)
170.20	r	(P-4037)	412.20	n	(P-3464)
170.30	r	(P-4037)	412.30	n	(P-3464)
170.100	r	(P-4037)	412.40	n	(P-3464)
170.110	r	(P-4037)	412.50	n	(P-3464)
170.120	r	(P-4037)	412.60	n	(P-3464)
170.130	r	(P-4037)	412.70	n	(P-3464)
170.200	r	(P-4037)	412.80	n	(P-3464)
170.400	r	(P-4037)	412.90	n	(P-3464)
170.410	r	(P-4037)	412.90	n	(P-3464)
170.450	r	(P-4037)	412.100	am	(P-10780.99.A-2673)
300.30	am	(P-407)	617.20	am	(P-10780.99.A-2673)
300.60	am	(P-407)	617.30	am	(P-10780.99.A-2673)
329.10	#.am	(P-1755)	617.40	am	(P-10780.99.A-2673)
329.20	new	(P-1755)	617.50	am	(P-10780.99.A-2673)
329.30	new	(P-1755)	617.55	am	(P-10780.99.A-2673)
329.40	#.am	(P-1755)	617.60	am	(P-10780.99.A-2673)
329.50	#	(P-1755)	617.80	am	(P-10780.99.A-2673)
329.60	#	(P-1755)	617.90	am	(P-10780.99.A-2673)
329.70	#	(P-1755)	617.100	am	(P-1763)
329.80	#	(P-1755)	617.105	am	(P-1763)
340.20	n	(P-926)	617.200	am	(P-1763)
340.30	n	(P-926)	617.210	am	(P-1763)
340.40	n	(P-926)	617.215	am	(P-1763)
340.50	n	(P-926)	617.220	am	(P-1763)
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340.90	n	(P-926)	617.460	am	(P-1763)
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340.130	n	(P-926)	617.600	am	(P-1763)

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676.30	am	(P-12058.99.A-2681)	740.303	r	(P-12589.99.A-178)
679.50	am	(P-9087.99.A-285)	740.304	r	(P-12589.99.A-178)
682.220	am	(P-19)	740.401	r	(P-12589.99.A-178)
682.240	r	(P-19)	740.402	r	(P-12589.99.A-178)
682.250	r	(P-19)	740.403	r	(P-12589.99.A-178)
682.260	r	(P-19)	740.404	r	(P-12589.99.A-178)
682.500	am	(P-19)	740.501	r	(P-12589.99.A-178)
682.510	am	(P-19)	740.502	r	(P-12589.99.A-178)
682.520	am	(P-19)	740.503	r	(P-12589.99.A-178)
684.30	am	(P-2687)	740.504	r	(P-12589.99.A-178)
684.90	am	(P-3983)	740.506	r	(P-12589.99.A-178)
686.120	am	(P-211)	740.507	r	(P-12589.99.A-178)
686.130	am	(P-211)	740.508	r	(P-12589.99.A-178)
686.220	am	(P-211)	740.509	r	(P-12589.99.A-178)
686.330	am	(P-211)	740.510	r	(P-12589.99.A-178)
886.340	am	(P-211)	1000.70	am	(P-1447)(E-1661)
830.35	am	(P-1443)	1030.60	am	(P-1449)(E-1686)
			1030.97	am	(P-11504.99.A-1259)
			1030.98	am	(P-11505.99.A-1259)
			1035.10	am	(P-11515.99.A-1269)
			1040.29	am	(P-11478.99.A-1655)
			1040.33	am	(P-11478.99.A-1655)
			1040.50	am	(P-11478.99.A-1655)
			1040.52	am	(P-11478.99.A-1655)
			1040.101	am	(P-11478.99.A-1655)
			1070.10	am	(P-11495.99.A-1672)
			1070.30	am	(P-11495.99.A-1672)
			1070.40	am	(P-11495.99.A-1672)
			2520.110	am	(P-4178)(E-4234)
			2520.201	am	(P-4178)(E-4234)
			2520.204	am	(P-4178)(E-4234)
			2520.206	am	(P-4178)(E-4234)
			2520.223	am	(P-2644)(E-2737)
			2520.223	am	(P-4178)(E-4234)
			2520.224	am	(P-4178)(E-4234)
			2520.401	am	(P-4178)(E-4234)
			2520.403	am	(P-4178)(E-4234)
			2520.404	am	(P-4178)(E-4234)
			2520.504	am	(P-4178)(E-4234)
			2520.702	am	(P-4178)(E-4234)
			2520.705	am	(P-2644)(E-2737)
			2520.706	am	(P-4178)(E-4234)
			2520.708	am	(P-4178)(E-4234)
			2520.709	am	(P-4178)(E-4234)

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386.1010	am	(P-11003.99.A-1980)
386.110	n	(P-11003.99.A-1980)
386.1100	n	(P-11003.99.A-1980)
386.1120	n	(P-11003.99.A-1980)
386.1330	n	(P-11003.99.A-1980)
386.1340	n	(P-11003.99.A-1980)
386.1350	n	(P-11003.99.A-1980)
390.1000	am	(P-10679.99.A-1954)
390.1020	am	(P-10679.99.A-1954)
390.1030	am	(P-10679.99.A-1954)
390.2000	am	(P-10679.99.A-1954)
391.2000	am	(P-10679.99.A-1954)
394.2000	am	(P-10679.99.A-1954)
394.2004	am	(P-10690.99.A-1941)
394.2006	am	(P-10690.99.A-1941)
396.2000	am	(P-10679.99.A-1949)
396.2004	am	(P-10679.99.A-1949)
397.1010	am	(P-10662.99.A-1938)
397.1020	am	(P-10662.99.A-1938)
440.220	am	(P-4930)(E-4993)
440.420	am	(P-4930)(E-4993)
441.40	am	(P-4928)(E-4980)
441.40	am	(P-4928)(E-4980)
740.1101	r	(P-12589.99.A-178)
740.1103	r	(P-12589.99.A-178)
740.1104	r	(P-12589.99.A-178)
740.1105	r	(P-12589.99.A-178)
740.1106	r	(P-12589.99.A-178)
740.201	r	(P-12589.99.A-178)
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740.203	r	(P-12589.99.A-178)
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